



POST FALLS

SCHOOL DISTRICT #273

Section 504 Complaint Form

Complainant:
School Name:
Student Name:
Student Grade:
Parent / Guardian Name:
Home Street Address:
City, State and Zip Code:
Parent / Guardian Phone:
Parent / Guardian email:

Complaint: Describe your complaint and include . . .

1. The specific incident or activity that is viewed as discriminatory;
2. Individuals involved;
3. Dates, times and/or locations of incidents or activities involved; and
4. The disability that forms the basis of the complaint.

Response:

Resolution Attempts: Identify any attempts you have made to discuss or resolve this issue with district staff, including staff member names, dates of the discussions, and/or results of those discussions.

Response:

Suggestions for Resolution: Please provide your suggestion(s) about how this issue could be resolved.

Response:

Please return this form through mail or email:

NOTE: Principals and/or school counselors are the first points of contact should any questions or concerns about Section 504 provisions or procedures arise.

Serena Montreuil, Post Falls School District Section 504 Coordinator

serena.montreuil@sd273.com

Post Falls School District #273

PO Box 40

Post Falls, ID 83877

*The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U. S. Department of Health and Human Services, Office for Civil Rights.

It is against the law for Post Falls School District to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

PARENT RIGHTS
Section 504 of the Rehabilitation Act of 1973

As a parent /guardian, you have the right to:

1. Have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability.
2. Have the school district advise you of your rights under federal law.
3. Receive notice with respect to identification, evaluation, or placement of your child.
4. Have your child receive a free appropriate public education. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the school district make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.
5. Have your child educated in facilities and receive services comparable to those provided non-disabled students.
6. Have your child receive an individualized evaluation and specialized education services if he/she is found to be eligible under Section 504 of the Rehabilitation Act.
7. Have evaluation, educational, and placement decisions made based upon a variety of information sources and by persons who know the student, the evaluation data, and placement options.
8. Have transportation provided to and from an alternative placement setting determined by the school district at no greater cost to you than would be incurred if the student were placed in a program operated by the district.
9. Have your child provided with an equal opportunity to participate in non academic and extracurricular activities offered by the district.
10. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program and placement and obtain copies of educational records at a reasonable cost unless the fee would effectively deny you access to these records.
11. Receive a response from the school district to reasonable requests for explanations and interpretations of your child's records.
12. Request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading or otherwise in violation of the privacy or other rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time period and advise you of the right to a hearing.
13. File a local grievance; procedures to be provided.
14. Request an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program or placement. You and the student may take part in the hearing and have an attorney represent you at your own expense. The impartial Hearing Officer will be selected by the district. Hearing requests must be made to the Director of Special Services, Post Falls School District 273, 206 W. Mullan Ave, Post Falls, ID 83854. This is the person in the district who is responsible for assuring the district complies with Section 504 requirements.