



ABERDEEN SCHOOL DISTRICT

POLICIES AND REGULATIONS

NEPN Code: ACE-E

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) AND SECTION 504 OF THE REHABILITATION ACT OF 1973 FORMAL DISCRIMINATION COMPLAINT FORM

Instructions: Individual alleging discrimination referred to in Policy ACE are required to complete and submit this form within ten (10) working days to the Section 504 Coordinator as soon as possible after the occurrence of the alleged discrimination.

Name of Complainant: _____

Street Address: _____ City: _____ State: _____

Work Phone: _____ Home Phone: _____

Student Name: _____ Grade: _____ School: _____

INCIDENT SUMMARY:

1. Date(s) of incident (s) _____

2. Description of incident(s) _____

3. Name(s) of person(s) involved in the incident(s) _____

4. Name(s) of any witness(es) to the incident(s) _____

5. Have you spoken to any administrator (s) or other District employee (s) about this matter? If yes, please identify to whom you have spoken. _____

6. What corrective action, if any, has been taken? _____

7. What resolution are you requesting as a result of the complaint?

Signature of Complainant _____ Date _____

Signature of Administrator _____ Date _____

Signature of Parent (If Complainant is a Student) _____ Date _____

WRITTEN RESPONSE TO THE COMPLAINANT AND ALLEGED OFFENDER MUST OCCUR WITHIN TEN (10) WORKING DAYS OF COMPLETION OF THIS FORM BY THE PERSON CONDUCTING THE INVESTIGATION.

ADOPTED: March 9, 2015