



Burlington - Edison Public Schools

Special Program

927 East Fairhaven Avenue Burlington, WA 98233
(360) 757-3311 Fax (360) 755-9198

Section 504 – Complaint Form

Student Name: _____

Date: _____

Student's School: _____

Your Name: _____

Your Phone: _____

Your Address: _____

Please identify the person who you feel discriminated against you: _____

Please describe your concerns and why you believe they raise an issue under Section 504. Include a description of what happened, when and where it happened, and who was involved. *Feel free to attach additional pages if necessary*

Explain what steps you have already taken to resolve this issue, if any:

Describe what resolution to your concern you would like to see:

Please attach any documents or other information you think will assist with the investigation of your complaints.

Please send the completed complaint form to: **Jeff Brown**
927 E. Fairhaven Ave.
Burlington, WA 98233