Harrisburg SCHOOL DISTRICT	NEPN Code: JHCE-E
Policy Manual	

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 JHCE are required to complete and submit this form within ten (10) working days to the Section 504 Coordinator.

Name of Complainant: _____

Street Address:_____City:_____State:_____

Work Phone:_____*Cell 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: May 23, 2022