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|  | ABERDEEN SCHOOL DISTRICT | NEPN Code: ACE-E |
| | POLICIES AND REGULATIONS | |

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.

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.