

Superintendent File: KEE-E-1

SECTION 504/ADA FORM A

Use this form for filing a complaint under Step 1 of Regulation JBB-R for students, Regulation GBB-R for staff, and Regulation KEE-R for members of the public.

Name and Address of Complainant:

Check One: Student_____ Employee_____ Member of the Public_____

Telephone Numbers: Daytime_____ Evening_____

Describe your claim that there has been discrimination by the District on the basis of your disability and the facts or background information which support your claim (use additional sheets, if necessary):

Date of the alleged discriminatory act or omission: _____

Tell why you think this is a violation of Section 504/ADA:

List those persons who can provide information to support your claim and their addresses and telephone numbers, if known:

Describe the remedy or resolution you are seeking by filing this complaint:

Please return this form to the principal of the school or the office administrator and send a

copy to the Section 504/ADA coordinator indicated below:

Employee complaints: Department of Human Resources, Section 504/ADA Coordinator

Student complaints or complaints by members of the public: Department of Instructional Support Services, Section 504/ADA Coordinator

Douglas County School District
620 Wilcox Street
Castle Rock, CO 80104

Name, address, and telephone number of individual filling out this form, if different from complainant:

Name, address, and telephone number of attorney or advocate representing complainant, if different from above:

Douglas County School District Re. 1, Castle Rock, Colorado