



Section 504 of the Rehabilitation Act of 1973

Section 504 Complaint Form

Last Name:		First Name/MI:	
Street Address/Apt. #:			
City, State, Zip Code:			
Home Phone: ()			
Message/Work Phone: ()			
Concerning:	Student:	School:	
Relationship to Student:			
<p>Please check below- This complaint concerns allegations of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A violation of Section 504 policy/procedure. <input type="checkbox"/> A disagreement with the District's Section 504 decisions to identify, evaluate, and/or to make accommodations for a student (within 45 days of receiving the decision notice). <input type="checkbox"/> Disability-based discrimination/harassment. 			

1. Please give facts about the complaint. Provide details such as names of those involved, dates, whether witnesses were present, etc., that might be helpful to the complaint investigator.

2. Please supply copies of any written documents that may be relevant to/supportive of your complaint. I have attached documents: _____ Yes _____

3. Please state the resolution you are seeking.

4. Have you discussed with or brought your complaint to any District personnel? If you have, to whom did you take your complaint, including date, and what was the result?

5. Please choose ONE of the following courses of action:

- I am requesting review and resolution of this matter by the 504 Supervisor.
- I am requesting an IMPARTIAL DUE PROCESS HEARING on this matter.

I certify that the above is true and correct:

Signature

Date

For office use only:	Date Received:		Initial:	
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Attach additional sheets for details if needed. Mail or deliver complaint/documents to:

Maria Yvette Lyas, Section 504 Coordinator
Birmingham City Schools Board of Education
2015 Park Place North
Birmingham, Alabama 35203