

FAYETTE COUNTY SCHOOLS

SECTION 504 COMPLAINT FORM

Fayette County Schools assures that the District complies with Section 504 regulations and that no discrimination on the basis of disability is permitted in the programs or activities that the District operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign, and submit this form to your school's principal or the District 504 Coordinator, located at 111 Fayette Avenue, Fayetteville, WV 25840.

Date: _____

On behalf of: _____ School: _____

Person Making Complaint:

Student: _____

Student's parent(s): _____

Other: _____

Address: _____
Street City State Zip

Telephone: _____
Home Work

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1. Describe the alleged violation of Section 504 in specific terms. Include (1) the specific incident or activity that is viewed as discrimination; (2) the individuals involved; (3) dates, times, and locations involved; and (4) the disability that forms the basis of the complaint (attach additional pages if needed).

 2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.

 3. Please describe how you propose to resolve this issue.

 4. Do you wish this complaint to be mediated by the District 504 Coordinator or designee? Yes No

 5. Do you wish this complaint to be referred for due process hearing? (A due process hearing is conducted by an impartial hearing officer appointed by the District. You may be represented by legal counsel.) Yes No

PLEASE RETURN THIS FORM TO YOUR SCHOOL'S PRINCIPAL OR TO THE DISTRICT SPECIAL EDUCATION DIRECTOR.