SEATTLE SCHOOL DISTRICT
SECTION 504 GRIEVANCE/DISCRIMINATION COMPLAINT FORM
(FORM 504-13)

Seattle Public Schools pledges 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. Any student, parent or guardian who believes that they have been discriminated against by or within the Seattle School District has the option of filing a complaint. Complaints should be submitted to the Manager of Equity and Compliance, 815 Fourth Avenue North, Mail Stop AA-162, Seattle, WA 98109-1116 (206) 252-0371. *Note: This is not a request for a Section 504 hearing. Hearing requests related to identification, evaluation, placement, and program implementation under Section 504 should be directed to Office of the General Counsel. For more information call: (206) 252- 0110.*

Date: _____

On behalf of: _____

Complainant is: __ Student: _____

__ Student's parent(s): _____

__ Other: _____

Address: _____ _____
Street City State Zip

Telephone: _____ _____
Home Work

1. Describe your complaint. 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. Identify any attempts you have made to discuss or resolve this issue with district staff, including the names of staff members, the dates of any discussions, and the results of those discussions.

3. Please provide your suggestions about how this issue could be resolved.