

## SECTION 504 COMPLAINT FORM

**Re: Compliance of Alleged School Violations of Section 504  
Regulations re: Handicap Access**

Complainant:

Name:

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Address:

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Phone:

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Specific Section of 504 Regulation Violated:

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Time, Place and Date of Violation:

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Statement of Complaint:

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Remedy Sought by Complainant:

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Other Comments:

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Date Filed: \_\_\_\_\_

Signed: \_\_\_\_\_