



Dublin City School District

Program
2260.01B F1
Revised 6/11/12
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Section 504/ADA Internal Complaint - Student

Name of complainant

Telephone number

Address

Relationship to the School District:

____ Student School student attends: _____

Currently receiving 504 plan _____

____ Parent Child's name: _____

Description of Disability:

Statement/Nature of Complaint (including date of alleged discrimination, if applicable):

What action are you requesting? (i.e. relief sought):

Parent/Student/Complainant

Date

Date received by
Building Principal /
Building Compliance
Officer

Record of Investigation by Building Principal/Compliance Office

Brief description of complaint:

Nature of the Investigation – Records Reviewed:

Nature of the Investigation – Persons Interviewed:

Name: _____ Title: _____ Date of interview: _____

Description of interview: _____

Name: _____ Title: _____ Date of interview: _____

Description of interview: _____

Name: _____ Title: _____ Date of interview: _____

Description of interview: _____

Name: _____ Title: _____ Date of interview: _____

Description of interview: _____

Disposition of Complaint:

Building Principal/Compliance Officer

Date

☐ A conference was held on _____ regarding the above complaint and complainant was provided with a copy of the record of investigation.

☐ A conference was not held. A copy of the record of investigation was mailed to complainant on _____.

If you wish to appeal this decision to the District Section 504/ADA Compliance Officer, sign below and deliver to the Compliance Officer's office within five (5) school days of receipt of the Building Principal/Building Compliance Officer's decision.

Parent/Student/Complainant

Date

Date received by
Building Principal /
Building Compliance
Officer

Appeal to District Section 504/ADA Compliance Officer

Date received by District Section 504/ADA Compliance Officer's office: _____

Date of information hearing (if applicable): _____

Disposition of Complaint:

District Section 504/ADA Compliance Officer

Date

If the complaint involves an issue related to the identification, evaluation, or placement of the student, you may request a due process hearing by signing below and delivering this document to the District Section 504/ADA Compliance Officer within ten (10) school days following receipt of the District Compliance Officer's decision.

Parent/Student/Complainant

Date

Date received by
District Compliance
Officer