

**Gibraltar School District
Section 504 Grievance / Complaint Form
Section 504 Coordinator**

Matthew Moll
734-379-7100

The School District pledges that the School District complies with Section 504 of the Rehabilitation Act of 1973, 29 USC § 794, and its implementing regulations, and that no discrimination on the basis of disability is permitted in the programs or activities that the School 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 School District Section 504 Coordinator, located at [**Insert Address of Section 504 coordinator**].

Date: _____

On behalf of: _____

Complainant is: Student: _____

Student’s Parent(s): _____

Other: _____

Address: _____

Street

City

State

Zip

Telephone: _____

Home

Work

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 School District Section 504 coordinator or designee? No Yes

**PLEASE RETURN THIS FORM TO THE BUILDING PRINCIPAL
COPY TO SCHOOL DISTRICT SECTION 504 COORDINATOR**