**SECTION 504 – COMPLAINT FORM**

Name of Injured Party:

Address:

Phone:       Email:

If the injured party is a student, please also provide the following information:

School Building Attending:       Grade:       Birthdate:

Complainant's Name:

Relationship to Student:

Address:

Phone:       Email:

1. Describe the alleged violation of Section 504. Please be specific and describe the specific incident(s), as well as identify the individuals involved, dates/times/locations, etc. Attach additional pages if needed.

1. Describe your proposed resolution to address the alleged problem(s)/violation(s).

Complainant’s Signature Date

**PLEASE SUBMIT THIS FORM TO:**

**Dr. Caroline Breault-Cannon**

**Principal, Breton Downs Elementary School**

**2500 Boston Street SE**

**Grand Rapids, MI 49506**

**616-235-7552**

A person who believes that he/she has been discriminated against by the East Grand Rapids Public Schools on the basis of disability may file a complaint through the District's grievance procedure. A complaint may also be filed with the U.S. Department of Education’s Office for Civil Rights (OCR). Cleveland Office, Office for Civil Rights, U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115-1812. You may file a complaint with the OCR at any time. Filing a complaint with the School District is not a prerequisite to filing with the OCR.

Print four copies. Distribution:

❑ Parent/Guardian ❑ Student’s Cumulative File ❑ Building Section 504 Coordinator ❑ District’s Section 504 Coordinator