

SCOTTSDALE UNIFIED SCHOOL DISTRICT

SECTION 504 COMPLAINT FORM

Date Complaint was received: _____

Scottsdale Unified School District 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. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to the District 504 Compliance Specialist.

On behalf of: _____ Date: _____

Complainant is: Student: _____

Student's parent(s): _____

Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

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 District 504 Compliance Specialist? Yes No

**PLEASE RETURN THIS FORM TO
DR. MILISSA W. SACKOS
504 COMPLIANCE SPECIALIST
SCOTTSDALE UNIFIED SCHOOL DISTRICT
3811 N. 44TH STREET
PHOENIX, ARIZONA 85018-5420
480-484-6113**