



**Level 1 Notice of Appeal**

To: Dr. Milissa W. Sackos,  
 Executive Director of Support Services  
 Mohave District Annex (MDA)  
 8500 E. Jack Rabbit Road  
 Scottsdale, Arizona  
 85250-6768  
 (480) 484-6113

<b>Date Complaint was received on:</b>	Click here to enter text.
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On behalf of: Click here to enter text.	Date: Click here to enter text.
School: Click here to enter text.	Click here to enter text.

Student Name: Click here to enter text.	Date: Click here to enter text.
School: Click here to enter text.	Student #: Click here to enter text.
Date of Birth: Click here to enter text.	Grade: Click here to enter text.

1. Please state why you disagree with the decision(s) of the school Section 504 team?  
 Attached copies to this form.



2. Please state the desired resolutions/outcomes you feel appropriate to resolve the agreement.

3. Decision of the Administrative Appeal

Date Completed:

District 504 Compliance Specialist: \_\_\_\_\_

Dr. Milissa Sackos  
Executive Director of Support Services

