



**Clinton Public Schools**  
**Department of Special Services**  
**Section 504**

---

**Section 504 Discrimination Complaint Form**

*This form is intended to be used if an individual has a complaint under Section 504 regarding discrimination on the basis of a disability or regarding the identification, evaluation or educational placement of a student.*

Date: \_\_\_\_\_

Name of complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of student and/or covered individual (if applicable): \_\_\_\_\_

Address of student and/or covered individual (if different from above) \_\_\_\_\_

Age/Grade Level/School/ Position (if applicable) \_\_\_\_\_

Please describe the nature of your complaint:

If your complaint involves the IDENTIFICATION, EVALUATION OR EDUCATIONAL PLACEMENT of a student, please describe the specific areas of disagreement and the proposed resolution of your concerns:

Student's 504 File