

DEER CREEK SCHOOL DISTRICT
SECTION 504/ADA DISCRIMINATION GRIEVANCE/COMPLAINT FORM
FOR ISSUES REGARDING STUDENTS

This form is intended to be used if an individual has grievance/complaint under Section 504/ADA alleging discrimination on the basis of a disability, including in the identification, evaluation or educational placement of a student.

Date: _____

1. Name of Complainant: _____

2. Contact Information for Complainant: _____
(Address) _____
(Home Tel. #) _____
(Cell # or Work #) _____

3. Name of the Student: _____

4. Address of Student (if different from above):

5. Age/Grade Level/School/ (if applicable):

6. Please describe the nature of your complaint:

7. Proposed resolution or corrective action you wish to see taken with regard to the stated issues:

Please return form to:

Dr. James Rose
Executive Director of Student Services
20701 N. MacArthur
Edmond, OK 73012
405-348-6100

Office of Civil Rights
One Petticoat Lane
1010 Walnut Street
Suite 320
Kansas City, MO 64106