



Student Support Services
3285 East Sparrow Avenue
Flagstaff, AZ 86004
(928) 527-6140

SECTION 504 COMPLAINT FORM

Flagstaff Unified School District (the "District") expects its employees to comply with Section 504 and ADA regulations. Further, no discrimination on the basis of disability is permitted in the programs or activities that the District operates. If you believe that discrimination, harassment, or retaliation has occurred against a student (or against someone who has advocated for the student) because of a disability, please complete, sign, and submit this form to the Section 504/ADA Coordinator:

Cherise Hovis
Student Support Services Director

3285 East Sparrow Avenue
Flagstaff, AZ 86004
Phone: (928) 527-6178
Fax: (928) 527-6181
chovis@fUSD1.org

Date: _____

On behalf of: _____

Complainant is: ☐ Student: _____
☐ Student's Parent(s): _____
☐ Other: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Work Number: _____ Email Address: _____

Describe the alleged violation of Section 504 and ADA in specific terms. Include the following:

- The specific incident or activity that is viewed as discrimination
- The individuals involved
- Dates, times, and locations involved; and
- The disability that forms the basis of the complaint (attach additional pages if needed)

SECTION 504 COMPLAINT FORM CONTINUED

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. _____

Please describe how you would like to see this issue resolved. _____

Do you want this complaint to be formally investigated and addressed by the District's Section 504/ADA Coordinator or his/her Designee?

- ☐ Yes ☐ No If "No" please clarify below.
- ☐ I do not want a formal investigation. I am just bringing the issue to the District's attention.
- ☐ I do not want a formal investigation. I would like to speak with an authorized representative of the District regarding my complaint.
- ☐ The District's Section 504/ADA is the alleged wrong doer. Another individual should be designated by the Assistant Superintendent to conduct the investigation.
- ☐ Other (please explain): _____

The Section 504/ADA Coordinator will issue a written decision on the complaint no later than thirty (30) days after its filing, unless extenuating circumstances require an extension of the 30 day timeline. In such a case, the Section 504/ADA Coordinator (or her/his designee) will communicate with you concerning the need for an extension.

PLEASE RETURN THIS FORM TO THE DISTRICT'S SECTION 504/ADA COORDINATOR.