

REGIONAL OFFICE OF EDUCATION
PUBLIC COMPLAINTS ABOUT FACILITIES OR SERVICES
RELATIVE to SECTION 504/ADA

Complainant: _____

Representing: _____

Date of Presentation: _____

Department or Building: _____

Prior contacts with the Building Administrator or Teacher: _____

STATEMENT OF COMPLAINT:

ACTION REQUESTED:

Signature: _____

Approved: 07/01/01

Policy Form: 721.20F