

*Superintendent File: KEE-E-2*

**SECTION 504/ADA FORM B**

Use this form for referring a complaint under Step 2 of Regulation JBB-R for students, Regulation GBB-R for staff, and Regulation KEE-R for members of the public.

Name and Address of Original Complainant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check One: Student\_\_\_\_\_ Employee\_\_\_\_\_ Member of the Public\_\_\_\_\_

Telephone Numbers: Daytime\_\_\_\_\_ Evening\_\_\_\_\_

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Name and Address of Person Requesting Step 2 Review (if different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check One: Student\_\_\_\_\_ Employee\_\_\_\_\_ Member of the Public\_\_\_\_\_ Other Party in Interest\_\_\_\_\_

Telephone Numbers: Daytime\_\_\_\_\_ Evening\_\_\_\_\_

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Describe why you disagree with the written recommendation from Step 1 of the complaint procedure; be specific and list any background information and facts which support your position:

Attach a copy of the original complaint

Attach a copy of the Step 1 written recommendation

Send all three documents to:  
Superintendent's Office  
Douglas County School District  
620 Wilcox Street  
Castle Rock, CO 80104

with a copy to the Section 504/ADA Coordinator:

Employee complaint: Department of Human Resources, Section 504/ADA Coordinator

Complaint by student or member of the public: Department of Instructional Support Services, Section 504/ADA Coordinator

at the School District address shown above.

Name, address, and telephone number of individual filling out this form, if different from above:

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Name, address, and telephone number of attorney or advocate representing complainant or other party in interest, if different from above:

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Douglas County School District Re. 1, Castle Rock, Colorado