

Superintendent File: KEE-E-3

SECTION 504/ADA FORM C

Use this form for referring a complaint under Step 3 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_____

Name and Address of Person Requesting Step 3 Review (if different from above):

Check One: Student_____ Employee_____ Member of the Public_____ Other Party in Interest_____

Telephone Numbers: Daytime_____ Evening_____

Describe why you disagree with the written recommendation from Step 2 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

Attach a copy of the Step 2 written recommendation

Send all four documents to:
Board of Education
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:

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

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