

Board: JBB-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 _____

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 _____

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:

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