PUBLIC SCHOOLS OF BROOKLINE Section 504 Grievance / Complaint Form Section 504 Coordinator

The School District pledges that the School District complies with Section 504 of the Rehabilitation Act of 1973, 29 USC § 794, and its implementing regulations, and that no discrimination on the basis of disability is permitted in the programs or activities that the School district operates. If you believe that discrimination has occurred against a student because of a disability, please complete, sign and submit this form to your school's principal or the School District Section 504 Coordinator, located at Office of the Assistant Superintendent of Student Services, 333 Washington Street Brookline MA, 02445.

	_	Date:		
On behalf of:				
	☐ Student's Pa	rent(s):		
Address:				
	eet	City	State	Zip
Telephone:				
-	Home		Work	
	es, and locations in (attach additional pa	volved; and (4) the disages if needed).	sability that forms the	basis of the
Please sp	ny relevant communication that has already occurred to address the issue. cify the types of communication, dates of communication, and names of with whom any communication has occurred.			
3. Please des	scribe how you propo	ose to resolve this issue.		
=	wish this complain or or designee? \(\sime\) N	t to be mediated by o	the School District	Section 504

PLEASE RETURN THIS FORM TO THE BUILDING PRINCIPAL COPY TO SCHOOL DISTRICT SECTION 504 COORDINATOR