

Americans with Disabilities Act

The superintendent/compliance officer is responsible for coordinating the district's efforts to comply with the Americans with Disabilities Act.

- Step I Any complaint should be presented in writing using the designated grievance form to the superintendent/compliance officer within 180 days from date of alleged discrimination. It must include the following:
1. Name and address of the individual or representative filing the complaint;
 2. Describe the alleged discriminatory action in sufficient detail to inform the district of the nature and date of the alleged violation;
 3. Signature by the complainant or by someone authorized to do so on his/her behalf;
 4. Identification (by name, if possible) of the alleged victims of the discrimination for any complaint filed on behalf of classes or third parties.
- Step II The superintendent/compliance officer shall thoroughly investigate the complaint, notify the person who has been accused of discriminating, permit a response to the allegation and arrange a meeting to discuss the complaint with all concerned parties within ten (10) working days after receipt of the written complaint, if deemed necessary. The compliance officer shall give a written answer to the complaint within fifteen (15) working days after the receipt of the written complaint.
- Step III If the complainant is not satisfied with the answer, an appeal with the Board may be filed with in ten (10) working days after receipt of the Step II answer. The Board shall, within twenty (20) working days, conduct a hearing at which the complainant shall be given an opportunity to present the complaint. The Board shall give a written answer to the complaint within ten (10) working days following completion of the hearing.
- Step IV If the complainant is not satisfied with the decision of the Board, a complaint may be filed with the Office for Civil Rights, Department of Education, 1330 C Street SW, Suite 5000, Washington, DC 20202 or with the Coordination and Review Section, PO Box 66118, Civil Rights Division, U. S. Department of Justice, Washington DC 200035-6118. Individuals may initiate complaint procedures and/or civil actions with or without first complying with local complaint procedures.

BANDON SCHOOL DISTRICT
Americans with Disabilities Act - Statement of Grievance

Please return completed form to Kenny Kent, Superintendent, Bandon School District No. 54, 455 Ninth Street SW, Bandon, OR 97411.

Name: _____
Address: _____
Phone: _____

Relationship to Bandon School District:

____ Student
____ Receiving Special Education
____ Receiving Regular Education
____ Employee
____ Teacher
____ Other _____ (Position)
____ Parent
____ Other _____ (Describe)

*Description of discriminating action: _____

*Date/place (street address) discriminatory act took place: _____

*Name(s) and title(s) of district employee(s) or facility involved: _____

*Names, addresses and telephone numbers of witnesses: _____

*Statement of complaint: _____

*What action are you requesting? _____

Signature

Date

Received by

Date

*Attach additional pages as necessary