

Bandon School District 54

Code: ACA-AR(2)
Revised/Reviewed: 10/10/94; 3/14/22
Orig. Code: ACA-AR

Americans with Disabilities Act – Statement of Grievance

Please submit completed form to the district office of Bandon School District No. 54, 455 9th Street SW, Bandon, Oregon 97411.

Name: _____

Address: _____

Phone: _____

Relationship to Bandon School District:

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Employee | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Receiving Special Education | <input type="checkbox"/> Teacher | _____ (Position) |
| <input type="checkbox"/> Receiving Regular Education | <input type="checkbox"/> Parent | |
| <input type="checkbox"/> Other _____ | | _____ (Describe) |

Description of discriminating action: _____

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

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

Names, addresses and telephone numbers of witnesses: _____

Statement of complaint: _____

What action are you requesting? _____

Signature

Date