



Royal School District No. 160

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Section 504 Complaint Form

Date:Your School:

Your Name:Your Phone:

Your Address:

Street

City

State

ZIP

Person discriminated against/relationship to you

Please describe your concerns and why you believe they raise an issue under Section 504. Include a description of what happened, when and where it happened, and who was involved. (Feel free to attach additional pages if necessary)

Explain the steps you have already taken to resolve the issue, if any

Describe what resolution to your concerns you would like to see

Please attach any documents or other information you think will help with the investigation of your complaint.

Signature

Date