

Robertson County Schools

Director of Schools

P.O. Box 130

Springfield, TN 37172

Section 504 Discrimination Complaint Form

This process may be used to file allegations of discrimination on the basis of disability against the Robertson County Board of Education or any person or program under the jurisdiction of the board. The complaint procedures are designed to provide a systematic, local protocol for the resolution of complaints and does not supersede the complainant's right to file charges directly with the United States Office of Civil Rights.

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form please let us know.

1. Complainant's Name_____

Address_____

City, State and Zip Code_____

Telephone Number (Home)_____

(Business)_____

2. Person discriminated against (if someone other than the complainant)

Name_____

Address_____

City, State and Zip Code_____

3. What is the name and location of the institution or agency that you believe discriminated against you?

Name_____

Address_____

City, State and Zip Code_____

Telephone Number_____

4. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race / Color _____

b. National Origin _____

5. When did the alleged discrimination take place? Date _____

6. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. _____

7. Have you tried to resolve this complaint through informal procedures at the institution (school)? Yes_ No_ If yes, what was the result and/or what is the status of the complaint? _____

Name and title of person handling the complaint _____

Date of last contact with this individual _____

8. Have you filed or do you intend to file this complaint with any other federal, state, or local agency; or with any federal or state court?

Has been filed__ Will be Filed__ Has not been filed__

If the complaint has been filed with another agency, with whom has the complaint been filed?_____

If you intend to file with another agency, with whom do you intend to file your complaint?_____

9. Please provide information about a contact person at the agency/court where the complaint was filed.

Name and Title_____

Address_____

City, State and Zip Code_____

10. Has this complaint been filed with this agency (school system) before?

No_ Yes_ Date complaint was filed?_____

11. Have you filed any other complaint(s) with this agency (school System)?

Yes_ No_

If yes, when and against whom were they filed? Date(s)_____

Name_____

Address_____

City, State and Zip Code_____

Telephone Number_____

Please give a brief description of the complaint(s) previously filed._____

What is the status of the complaint(s) previously filed?_____

12. Please sign below. You may attach any written material or other information that you think is relevant to your complaint.

Complainant's signature

Date

To be completed if complaint is made verbally and recorded by agency personnel.

Signature of person receiving complaint

Date

FOR INTERNAL USE ONLY

Complaint received by 504 Coordinator_____

**Notice of complaint sent to person(s)
against whom complaint is made**_____

**Parties notified of date, time and
place of hearing**_____

Hearing conducted_____

Decision rendered to all parties_____

Appeal filed_____

Decision rendered by Director of Schools_____