

**Island City Academy**  
**Section 504 Grievance/Complaint Form**

Island City Academy pledges that the school complies with Section 504 if the Rehabilitation Act of 1976, 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 504 Coordinator, located at 6421 S. Clinton Trail, Eaton Rapids, MI 488272.

Date: \_\_\_\_\_

On behalf of: \_\_\_\_\_

Complaint is:

Student: \_\_\_\_\_

Student's Parent(s): \_\_\_\_\_

Other: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_  
home/cell \_\_\_\_\_ work \_\_\_\_\_

1. Described the alleged violation of Section 504 in specific terms. Include: (1) the specific incident or activity that is viewed as discrimination; (2) the individuals involved; (3) dates, times, and locations involved; and (4) the disability that forms the basis of the complaint (attach additional pages if needed).
2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.
3. Please describe how you propose to resolve this issue.
4. Do you wish this complaint to be mediated by the School District Section 504 Coordinator or designee?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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