



# Poudre School District

## ACE-E - SECTION 504/ADA COMPLAINT FORM

This form shall be used for complaints alleging discrimination against the District on the basis of disability filed under District Policy ACE (Nondiscrimination on the Basis of Disability).

Name, address and phone number of person filing complaint: \_\_\_\_\_

\_\_\_\_\_

Name, address and phone number of person allegedly discriminated against (if different than person filing complaint): \_\_\_\_\_

\_\_\_\_\_

Describe facts and other relevant information upon which the complaint is based, including the date(s) of the alleged discrimination (use additional paper if necessary):

Explain why the foregoing facts and information constitute disability discrimination in violation of Section 504/ADA (use additional paper if necessary):

List the names, addresses and telephone numbers of the people who can provide information supporting this complaint (use additional paper if necessary):

Describe the remedy being sought by filing this complaint:

Signature of  
Person Filing Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Superintendent: September 2, 2008