

RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

PO Box 9
Accord, NY 12404
845-687-2400

SECTION 504/ADA COMPLAINT REPORTING FORM

The Rondout Valley Central School District prohibits discrimination on the basis of disability in all aspects of its programs and services. An individual who believes that they have been subject to discrimination in violation of Section 504 of the Rehabilitation Act of 1973 or Title II of the Americans with Disabilities Act (ADA), by the District, an employee, a student or a third party, may make a complaint using this form.

Complaints should be filed as soon as practicable, but no later than 30 calendar days from the date on which the alleged discrimination occurred or the person filing the complaint learned of the alleged discrimination. The written complaint must be signed by the person making the complaint, dated, and include at least the information requested below.

1. Information of person filing this complaint

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

2. Name of Alleged Victim (if different than reporter)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

3. Information About Alleged Incident(s)

Date(s) of Incident: _____ Time(s) of Incident: _____

Place(s) of Incident: _____

Alleged perpetrators of the discrimination or harassment (names, identifiers, etc.):

Description of each incident, by date:

Witnesses, if any (names, identifiers, etc.):

Any other relevant information:

Desired resolution (what you would like to see change as a result of the investigation):

4. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

Signature: _____

Date: _____

This written complaint should be forwarded to the 504/ADA Compliance Officer or the administrator or department head assisting the person making the complaint.