

**REQUEST FOR AN IMPARTIAL HEARING UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973**

Date \_\_\_\_\_

Dear Section 504 Coordinator,

I am submitting this complaint and requesting an impartial hearing under Section 504 of the Rehabilitation Act of 1973 because I disagree with certain decisions that have been made regarding the identification, evaluation, or educational placement of my child, \_\_\_\_\_ (student's name)

I understand that I must sufficiently complete this form prior to the convening of an impartial hearing under Section 504 of the Rehabilitation Act of 1973. I also understand that your office will contact me upon receipt of this complaint to discuss options for scheduling an informal resolution meeting.

1. School Districts' Specific proposed or refused action relating to identification, evaluation, or educational placement with which I disagree, including facts related to the issue (s):

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Use additional pages if needed.

2. Action I believe the School District could take to resolve the above issue (s):

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Use additional pages if needed.

Full Name of Student: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current School: \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
Signature of person requesting hearing

\_\_\_\_\_  
Date

A meeting called an Informal Resolution Meeting is available. The purpose of the meeting is to discuss my complaint. If I am planning to bring an attorney, I will notify the School District at least 48 hours in advance of such a meeting.

I wish to participate in an Informal Resolution Meeting.     Yes     No