

## Clarksville-Montgomery County School System

## Section 504 Complaint Form (INS-F156)

| Your Last Name:  |       | First Name: |          | Middle Initial: |  |
|--|-------|-------------|----------|-----------------|--|
| Address:   |       |             | <u>.</u> |                 |  |
| Home Phone:  | Cell: |             | Email:   |                 |  |
| Occupation   |       |             |          |                 |  |
| Concerning: Student Last Name:   |       | First Name: |          | Middle:         |  |
| Student East Name. Student Birthdate:  |       | School:     |          | Grade:          |  |
| Your Relationship to Student:  |       | Scriooi.    |          | Graue.          |  |
| Tour Relationship to Student.  |       |             |          |                 |  |
| Please check below – This complaint concerns allegations of:   |       |             |          |                 |  |
| ☐ A violation of Section 504 policy/procedure.   |       |             |          |                 |  |
| ☐ A disagreement with the Clarksville-Montgomery County School System's Section 504 decision to identify, evaluate, and/or to make accommodations for a student (within 30 days of receiving the decision notice). |       |             |          |                 |  |
| □ Disability-based discrimination/harassment.  |       |             |          |                 |  |
|  |       |             |          |                 |  |
|  |       |             |          |                 |  |
| Please give facts about the complaint. Provide details such as names of those involved, dates, whether witnesses were present, etc., that might be helpful to the complaint investigator.                          |       |             |          |                 |  |
|  |       |             |          |                 |  |
| 2. Please supply copies of any written documents that may be relevant to/supportive of your complaint. I have attached supporting documents: ☐ Yes ☐ No  |       |             |          |                 |  |



| 3. Please state the resolution you are seeking:  |  |  |  |  |
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| <b>4.</b> Have you discussed with or brought your complaint to any member of the Clarksville-Montgomery County School System? If you have, to whom did you take your complaint, and what was the result? |  |  |  |  |
| School System: If you have, to whom did you take   | your complaint, and what was the result: |  |  |  |
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| 5. *I certify that the above is true and correct. (Attach additional sheets for details if needed)   |  |  |  |  |
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|  |  |  |  |  |
| Signature  | Data                                     |  |  |  |
| Signature  | Date                                     |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Mail or deliver complaint/documents to:  |  |  |  |  |
| Jami Skevington, Section 504 Coordinator   |  |  |  |  |
| 1312 Highway 48/13   |  |  |  |  |
| Clarksville, TN 37040  |  |  |  |  |
| (931) 553-1155   |  |  |  |  |