

SECTION 504 OF THE REHABILITATION ACT
Grievance Procedure for FCPS Employees and Citizens – Complaint Form

Date: _____

Name of Complainant:

Contact Information:

Email: _____

Phone Numbers: _____

Mailing Address: _____

I prefer to communicate by:

Email

U.S. mail

Phone

Briefly describe the nature of your complaint and specifically how you believe Frederick County Public Schools has violated your rights based on disability. (You may attach additional pages if you need more room to explain.) _____

What is the remedy you are seeking? _____

Return form to: Chief of Staff & Legal Counsel, Frederick County Public Schools, 191 S. East Street, Frederick, MD 21701