

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

FCPS Form for 504 Complaint [FCPS 504 Regulation 400-66](#)

RETURN COMPLETED FORM TO:

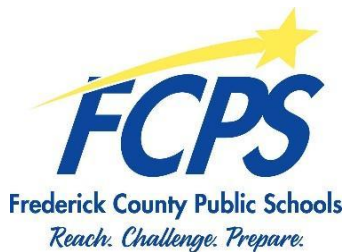
Chief Legal Counsel
[Email Division of Legal Services](#)
Frederick County Public Schools
191 South East Street
Frederick, MD 21701
301-644-5081

SECTION 1: COMPLAINANT CONTACT/PERSONAL INFORMATION

Name		Best Contact Number	
Address			
Email Address		Preferred Contact Method	
Best Time to Reach You			
Communication Preference:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> U.S. Mail

SECTION 2: COMPLAINT INFORMATION

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.)



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

FCPS Form for 504 Complaint [FCPS 504 Regulation 400-66](#)

SECTION 3: REQUESTED REMEDY

Please explain how you would like to see this complaint resolved (may use additional pages if necessary).

Signature: _____

Date: _____

RETURN COMPLETED FORM TO:
Chief Legal Counsel
[Email Division of Legal Services](#)
Frederick County Public Schools
191 South East Street
Frederick, MD 21701
301-644-5081