

MORGAN HILL UNIFIED SCHOOL DISTRICT
Section 504/ADA Complaint Form

Name (please print): _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Student's Name: _____ Date of Birth: _____

School of Attendance: _____ Grade: _____

Signature of Complainant _____ Date _____

Signature of Person Receiving Complaint _____ Date _____

Complaint:

Action Requested:

