

**KANSAS STATE DEPARTMENT OF EDUCATION
SECTION 504 OF THE REHABILITATION ACT
COMPLAINT FORM**

It is the policy of the Kansas State Department of Education not to discriminate on the basis of disability. The Kansas State Department of Education has adopted an internal grievance procedure providing for the prompt and equitable resolution of complaints of individuals alleging noncompliance by the Department with the requirements of Section 504 of the Rehabilitation Act of 1973 in a program or activity administered by the Department.

This Grievance Procedure is *informal*. An individual's participation in this informal process is completely voluntary. Individuals choosing not to utilize this grievance procedure may file a formal complaint with the Office for Civil Rights, U.S. Department of Education, 8930 Ward Parkway, Suite 2037, Kansas City, Missouri 64114, (816) 268-0550.

For those individuals that wish to file a complaint under the Kansas State Department of Education's Grievance Procedure, please complete this complaint form and return to the Kansas State Department of Education Section 504 Coordinator, Office of General Counsel, Kansas State Department of Education, 900 SW Jackson Street, Suite 102, Topeka, Kansas, 66612 (785) 296-3201.

This form is to report an allegation that the Kansas State Department of Education has discriminated on the basis of disability. This form is NOT to be used to file complaints about a school or school district.

Section I

Name: _____

Home Telephone: _____

Work Telephone: _____

Address: _____

E-Mail Address: _____

Please indicate the type of complaint:

___ Employment related

___ Access to programs, services or activities of the Kansas State Department of Education.

If your complaint is employment related, please complete Section II. Otherwise, go to Section III

COMPLAINT FORM (continued)

Section II

___ I am an employee of the Kansas State Department of Education.

___ I am not an employee of the Kansas State Department of Education.

If you are a Kansas State Department of Education employee, please answer the following questions. Otherwise, go to Section III.

Your Department: _____

Supervisor: _____

Job Title: _____

Work Location: _____

Work Phone No. _____

Work E-Mail Address: _____

Home Phone No: _____

Section III

When did the acts that you believe were discriminatory occur? Date(s):

Please describe the act(s) that you believe were discriminatory. Please be specific.
Use additional sheets if necessary.

(continued on next page)

COMPLAINT FORM (continued)

Were there any witnesses to this incident (if applicable)? If yes, please indicate who the witnesses are:

What action do you believe the Kansas State Department of Education should take with regard to the subject matter of your complaint?

What do you believe would be an equitable resolution of this matter?

Signature of Complainant

Date

Please return this completed form to the Kansas State Department of Education 504 Coordinator, Office of General Counsel, Kansas State Department of Education, 900 SW Jackson Street, Suite 102, Topeka, Kansas, 66612.