

**LEE COUNTY SCHOOLS
REQUEST FOR AN IMPARTIAL HEARING UNDER
SECTION 504 OF THE REHABILITATION ACT OF 1973**

Date _____

Dear Section 504 Contact,

I am submitting this complaint and requesting an impartial hearing under Section 504 of the Rehabilitation Act of 1973 because I disagree with certain decisions that have been made regarding the identification, evaluation, or educational placement of my child, _____ (student's name).

I understand that I must sufficiently complete this form prior to the convening of an impartial hearing under Section 504 of the Rehabilitation Act of 1973. I also understand that your office will contact me upon your receipt of this complaint to discuss options for scheduling an informal resolution meeting.

School District's Specific Proposed or Refused Action relating to identification, evaluation or educational placement with which I disagree, including facts related to the issue(s):

Use additional pages if needed.

Action I believe the School District could take to resolve the above issue(s):

Use additional pages if needed.

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Full Name of Child:
Date of Birth:
Current School:

Parent Name:	Home Phone #:
Street Address:	Fax #
City/State/Zip:	Work Phone #:
Email:	Cell Phone #:

Street Address of child (if different from above):		
City:	State:	Zip code:

Attorney (if any):	Phone #:
Street Address:	Fax #
City/State/Zip:	Email:

Signature of Person Requesting Hearing

Date

A meeting called an *Informal Resolution Meeting* is available. The purpose of the meeting is to discuss my complaint, the facts that make up my complaint and attempt to resolve the complaint. If I am planning to bring an attorney, I will notify the School District at least 48 hours in advance of that meeting.

I wish to participate in an Informal Resolution Meeting. Yes No _____