



# IRVINGTON PUBLIC SCHOOLS

## 504 Complaint Form

Patricia Dowd  
District 504 Officer  
1324 Springfield Avenue  
Irvington, New Jersey 07111  
973-399-6800 Extension 1921  
pdowd@irvington.k12.nj.us

### Student Complaint Information:

Student: \_\_\_\_\_

Student I.D. #: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ LEP: Yes  No

Complainant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complaint Date: \_\_\_\_\_ Rec'd by School on: \_\_\_\_\_

Rec'd by: \_\_\_\_\_

### Notification:

Site 504 Coordinator informed Site Administrator: \_\_\_\_\_ On (date) \_\_\_\_\_

### Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Disposition:

Date: \_\_\_\_\_

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the actions documented above do not resolve the complaint, FAX this form to District 504 Office at 973-399-4726**



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### **Employee Complaint Information:**

Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Work Location: \_\_\_\_\_

Complainant Complaint Date: \_\_\_\_\_

Received by District 504 Officer on: \_\_\_\_\_

Date 504 Team notified: \_\_\_\_\_

### **Notification:**

504 Coordinator informed Site Administrator:

\_\_\_\_\_

On (date): \_\_\_\_\_

### **Complaint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Disposition:**

Date: \_\_\_\_\_

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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***If the actions documented above do not resolve the complaint, District 504 Office will call a formal meeting of 504 Team to address complaint.***

**504 Meeting Date:** \_\_\_\_\_

**Attendees:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resolution:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_