

**SECTION 504 OF THE REHABILITATION ACT OF 1973
COMPLAINS ABOUT FACILITIES OR SERVICES**

NAME:

ADDRESS:

TELEPHONE

NUMBER:

NAME AND AGE/GRADE OF

STUDENT: SCHOOL:

PRIOR CONTACTS WITH THE 504 COORDINATOR, ADMINISTRATION OR TEACHER:

STATEMENT OF COMPLAINT:

ACTION REQUESTED:

SIGNATURE _____

SEND TO: Maureen Hall
Section 504 Coordinator
Newtown Public Schools
3 Primrose Street
Newtown, CT 06470