

## WEST-MEC SECTION 504 COMPLAINT FORM

West-MEC expects its employees to comply with Section 504 and ADA regulations. Further, no discrimination on the basis of disability is permitted in the programs or activities that West-MEC operates. If you believe that discrimination, harassment, or retaliation has occurred against a student because of a disability, please complete, sign, and submit this form to the West-MEC 504 Coordinator:

Shelly Thome  
5487 North 99<sup>th</sup> Avenue  
Glendale, AZ 85305  
623-738-0026  
[shelly.thome@west-mec.edu](mailto:shelly.thome@west-mec.edu)

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

On behalf of: \_\_\_\_\_

Complainant is:  Student: \_\_\_\_\_

Student's parent(s): \_\_\_\_\_

Other: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Telephone: \_\_\_\_\_

Home

Cell

Work

Email Address: \_\_\_\_\_

1. Please attach a document, which describes the alleged violation of Section 504 and ADA in specific terms. Please address the following questions in your document.
  - a. The specific incident or activity that is viewed as discrimination
  - b. The individuals involved
  - c. Dates, times, and location involved
  - d. The disability that forms the basis of the complaint
2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communications, dates of communication, and names of individuals with whom any communication has occurred.
3. Please describe how you propose to resolve this issue.