

**SECTION 504 OF THE REHABILITATION ACT OF 1973  
COMPLAINTS 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: Jean Evans Davila  
Section 504 Coordinator  
Newtown Public Schools  
3 Primrose Street  
Newtown, CT 06470