



Post Office Drawer 309
Beaufort, South Carolina 29901-0309

Section 504 Grievance Filing Form

If you wish to challenge the actions of the district's Section 504 Team in regards to your child's identification, evaluation, or educational placement, this form serves as a written grievance to be submitted to the Section 504 Compliance Officer.

____ / ____ / ____
Date

Student Legal Name

D.O.B.: ____ / ____ / ____

Address

School

Parent's Name (print)

Email:

Home Phone

Cell Phone

Work

Nature of your grievance. (Please describe the policy or action you believe may be in violation of Section 504. Please also identify any person(s) you believe may be responsible.)

Please provide your proposed remedy to this alleged violation:

Party who signed grievance

Signature

Date

Signature of Person Receiving
Grievance

Signature

Date Received

THIS FORM SHOULD BE FORWARDED WITHIN 10 DAYS OF THE ALLEGED VIOLATION OF THE PROCEDURAL SAFEGUARDS TO:
Dr. Juliet V. White, Director of Special Education/Section 504 Compliance Officer Phone: 843-322-5419
Beaufort County School District PO Drawer 309
Beaufort, South Carolina 29901-0309