



Post Office Drawer 309
 Beaufort, South Carolina 29901-0309

Section 504 Grievance Filing Form

Instructions: Please fill out this form completely. 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.
Mailing Address		School
Parent Name		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:

Grievant Name	Signature	Date
Respondent of Grievance Name	Signature	Date Received

THIS FORM SHOULD BE FORWARDED WITHIN 10 DAYS OF THE ALLEGED VIOLATION OF THE PROCEDURAL SAFEGUARDS TO:

Dr. Alvilda Graham, Administrator of Student Success
 Phone: 843-379-6924
 Beaufort County School District
 PO Drawer 309
 Beaufort, South Carolina 29901-0309