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 | BES **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 EMAILED WITHIN 10 DAYS OF THE ALLEGED VIOLATION OF THE PROCEDURAL SAFEGUARDS TO:
Leah Greco, Lead School Psychologist
Email: Leah.Greco@beaufort.k12.sc.us
Phone: 843-929-8799
Beaufort County School District
PO Drawer 309
Beaufort, South Carolina 29901-0309

Submit