



**Section 504 Grievance Filing Form**

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

Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Child's Name\_\_\_\_\_D.O.B.: \_\_\_\_\_  
Address\_\_\_\_\_School \_\_\_\_\_  
Parent's Name (print) \_\_\_\_\_  
Home Phone\_\_\_\_\_Cell Phone\_\_\_\_\_Work Phone \_\_\_\_\_  
Email: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide your proposed remedy to this alleged violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Grieving Party  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

THIS FORM SHOULD BE FORWARDED WITHIN 10 DAYS OF THE ALLEGED VIOLATION  
OF PROCEDURAL SAFEGUARDS TO:  
Ms. Pamela Turman  
Section 504 Compliance Coordinator  
McCormick County School District  
821 N. Mine Street  
McCormick, SC 29835