

**EVANS COUNTY SCHOOL SYSTEM**  
**Section 504 Complaint or Grievance**

If you wish to challenge the actions of the Section 504 Committee at your child's school with regard to your child's identification, evaluation, or educational placement, complete this form and submit it to the School 504 Coordinator.

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name (print): \_\_\_\_\_

Contact Information (home phone, work phone, cell phone): \_\_\_\_\_

Parent's email: \_\_\_\_\_

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

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

**Please provide your proposed remedy to this alleged violation:**

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

\_\_\_\_\_  
Signature of Grievant (Complainant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of School Personnel Receiving Complaint

\_\_\_\_\_  
Date

**THIS FORM SHOULD BE FORWARDED IMMEDIATELY TO THE SECTION 504 COORDINATOR FOR THE EVANS COUNTY SCHOOL SYSTEM.**

**Important: All sections must be complete.**

*Evans County School System*

*Oct 2012*

As required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, **Evans County** does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of their operations. For additional information or referral to the appropriate system coordinator, contact the system superintendent's office at 613 West Main Street, Claxton, GA 30417.