

JEFFERSON COUNTY SCHOOLS
Section 504 Complaint/Grievance Form

Date _____ School _____

Parent/Guardian Name _____ Phone _____

Address _____

Student Name _____ Grade _____

Person(s) who discriminated against you/child (Please include the individual's title):

Please provide a brief description of what happened, when it happened, and who was involved.
(Please attach additional pages, if necessary).

Explain what steps, if any, you have already taken to resolve this matter.

Describe how you would like to see this matter resolved:

Signature

Print

*Please attach any documents or other documents or information you think will help with the investigation of your complaint.

Return to:
Mandy Schneitman
504 Coordinator
Jefferson County Schools
1221 Gay Street
Dandridge, TN 37725