



**Baldwin County Public School System**  
**Section 504 of the Rehabilitation Act**

**Section 504 Complaint Form**

<b>Your Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
Address:		
Home Phone:	Cell:	Email:

Concerning: <b>Student Last Name:</b>	<b>First Name:</b>	<b>Middle:</b>
Student Birthdate:	School:	Grade:

Your Relationship to Student:

**Please check below – This complaint concerns allegations of:**

A violation of Section 504 policy/procedure.

A disagreement with the Baldwin County Public School System’s Section 504 decision to identify, evaluate, and/or to make accommodations for a student (within 30 days of receiving the decision notice).

Disability-based discrimination/harassment.

1. Please give facts about the complaint. Provide details such as names of those involved, dates, whether witnesses were present, etc., that might be helpful to the complaint investigator.

2. Please supply copies of any written documents that may be relevant to/supportive of your complaint. I have attached supporting documents:  Yes  No

3. Please state the resolution you are seeking:

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4. Have you discussed with or brought your complaint to any member of the Baldwin County Public School System? If you have, to whom did you take your complaint, and what was the result?

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5. **\*I certify that the above is true and correct.** (Attach additional sheets for details if needed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Mail or deliver complaint/documents to:  
**Ms. Dionne Dunton, Instructional Support Supervisor**  
**Baldwin County Board of Education**  
**19812 Underwood Rd**  
**Foley, AL 36535**  
**(251) 970-7322**

