

SCHOOL DISTRICT FIVE OF LEXINGTON AND RICHLAND COUNTIES

Name of Person Filing Complaint: _____

Address: _____

Telephone Number: _____

Date of Alleged Violation: _____

Location of Alleged Violation: _____

Description of Alleged Violation: _____

Witnesses to Alleged Violation (please provide full names and contact information):

Documents in Support (please attach copies): _____

Signature of Complainant
(or 504 Coordinator if filed verbally)

Date