INDEPENDENT SCHOOL DISTRICT NO. 001

STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM

General Statement of Policy Prohibiting Disability Discrimination

Independent School District No. 001 maintains a firm policy prohibiting all forms of discrimination on the basis of a disability. All persons are to be treated with respect and dignity. Discrimination on the basis of a disability will not be tolerated under any circumstances.

Complainant:_____
Home Address:_____
Work Address:_____
Home Phone:_____ Work Phone:_____

I have been discriminated against based on (choose one or more):

[my disability] / [a record of my disability] / [being regarded as having a disability]

because_____
_____

Date of alleged incident(s):_____

Name of person you believe discriminated against you or another person:_____
_____

If the alleged discrimination was toward another person, identify that person:_____
_____

Describe the incident(s) as clearly as possible, including such things as: any verbal statements; what, if any, physical contact was involved; etc. (attach additional pages if necessary):_____
_____
_____
_____

Location of the incident(s):_____
_____
_____

List any witnesses that were present:_____
_____
_____

This complaint is filed based on my honest belief that _____ has discriminated against me or another person based on a disability. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

_____ _____
(Complainant Signature) (Date)

Received by:_____ _____
(Date)