

INDEPENDENT SCHOOL DISTRICT NO. 227

STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM

Independent School District No. 227 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.)

Where did the incident(s) occur?

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)