

**INDEPENDENT SCHOOL DISTRICT NO. 227**

**EMPLOYEE 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.

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(Complainant Signature)                      (Date)

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(Received by)                                      (Date)