WHITE BEAR LAKE AREA SCHOOLS #624

STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM
General Statement of Policy 521 Prohibiting Disability Discrimination

White Bear Lake Area Schools maintain 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: ___________________________ State: _______ Zip: ________

Work Address ___________________________ State: _______ Zip: ________

Home Phone: ___________________________ Work Phone: ___________________________

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

____ My disability
____ 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 ________