



INDEPENDENT SCHOOL DISTRICT NO. 883
Rockford Area Schools
STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM

General Statement of Policy Prohibiting Disability Discrimination

Independent School District No. 883 (Rockford) 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: _____ Home Phone: _____

Work Address: _____ 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*)