

**Nondiscrimination on the Basis of Disability**  
(Complaint Form)

Date: \_\_\_\_\_

Name of complainant: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Summary of alleged discrimination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of individual(s) committing alleged discrimination:

\_\_\_\_\_  
\_\_\_\_\_

Date(s) alleged discrimination occurred: \_\_\_\_\_

Name(s) of witness(es) to alleged discrimination: \_\_\_\_\_

\_\_\_\_\_

If others are affected by the possible discrimination, please give their names:

\_\_\_\_\_

Your suggestions regarding resolving the complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe any corrective action you wish to see taken with regard to the alleged discrimination. You may also provide other information relevant to this complaint. \_\_\_\_\_

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\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person receiving complaint

\_\_\_\_\_  
Date

Issued: October 26, 2011