

**REPORT FORM FOR COMPLAINTS OF DISCRIMINATION –  
QUALIFIED STUDENTS WITH DISABILITIES**

Complainant: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
School Building: \_\_\_\_\_  
Date of Alleged Incident(s): \_\_\_\_\_

Alleged discrimination was based on: \_\_\_\_\_

Name of person(s) you believe violated the district’s discrimination policy:  
\_\_\_\_\_

If the alleged discrimination was directed against another person, identify the other person:  
\_\_\_\_\_

Describe the incident(s) as clearly as possible, including any graphic, written, electronic, verbal or nonverbal acts (i.e., offensive jokes, slurs, epithets and name-calling, ridicule or mockery, insults or put-downs, offensive objects or pictures, physical assaults or threats, intimidation, or other conduct). Attach additional pages if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where the alleged incident(s) occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_  
\_\_\_\_\_

This complaint is based on my honest belief that \_\_\_\_\_ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date