

**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 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