

BRISTOL WARREN REGIONAL SCHOOL DISTRICT
Discrimination Based on Disability Complaint Filing Form

File: ACC-R

Title VI, Title IX, Section 504, The ADA, The Age Discrimination Act, and Other Related Acts and Regulations

Name _____
School _____ Position _____
Phone _____ Email _____
Address _____

Nature of grievance. Please describe the policy or action you believe may be in violation and identify any person(s) you believe may be responsible. Please use the back of this form to provide additional detailed facts, times, witnesses, etc.

If others are affected by the possible violation, please give their names and /or positions:

Please describe any correction action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this grievance.

Signature of Grievant

Date

Please forward this form to the Compliance Officer:

Human Resources Department
Bristol Warren Regional School District
Hugh Cole - Central Admin Suite
50 Asylum Road, Warren, RI 02885
hr@bwrsd.org

Date Complaint Form Received