521A - STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM

General Statement of Policy Prohibiting Disability Discrimination

Alexandria Public Schools - No. 206 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: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

I have been discriminated against based on (choose one or more):
[my disability] / [a 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)