STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM

General Statement of Policy Prohibiting Disability Discrimination

Independent School District No. 877 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)

(Complainant Signature)    (Date)

Received by:__________________________ ____________________________________

(Date)