## INDEPENDENT SCHOOL DISTRICT NO.

## STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM

## General Statement of Policy Prohibiting Disability Discrimination

Independent School District No. \_\_\_\_\_ 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 (ch [my disability] / [a record of my 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):\_\_\_\_\_\_

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)