

REPORT FORM FOR COMPLAINTS OF DISCRIMINATION – QUALIFIED STUDENTS WITH DISABILITIES

Please complete the form to the best of your knowledge of the situation that is being reported. If you are unsure of certain details, that field may be left blank.

Complainant: _____
Home Address: _____
Home Phone: _____
School Building: _____
Date of Alleged Incident(s): _____

Alleged discrimination was based on: _____

Name of person you believe violated the district’s nondiscrimination 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