

**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(s) 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