

INDEPENDENT SCHOOL DISTRICT NO. 857
LEWISTON ALTURA
UNLAWFUL DISCRIMINATION TOWARD AN EMPLOYEE WITH DISABILITIES

General Statement of Policy Prohibiting Unlawful Discrimination Toward an Employee With Disabilities

Independent School District No. 857 maintains a firm policy prohibiting all forms of unlawful discrimination. All employees are to be treated with respect and dignity. Unlawful discrimination by any teacher, administrator or other school personnel will not be tolerated under any circumstances.

Complainant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Date of Alleged Incident(s): _____

Name of person you believe unlawfully discriminated toward you or a student on the basis of disability: _____

If the alleged unlawful discrimination was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary):

Where and when did the incident(s) occur: _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____ has unlawfully discriminated against me or a student on the basis of 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: _____
