

**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 (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.

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(Complainant Signature)

(Date)

Received by: \_\_\_\_\_

(Date)