

Independent School District #36: Kelliher Public School
Staff and Student Disability Discrimination Grievance Report Form

General Statement of Policy Prohibiting Disability Discrimination

Independent School District #36, the Kelliher Public School, maintains a firm policy prohibiting all forms of discrimination on the basis of 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: _____

Cell Phone: _____ Email: _____

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 _____

Dates 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 form is filed based upon the honest belief that _____

_____ has discriminated against my 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.

Signed: _____

Date: _____