General Statement of Policy Prohibiting Disability Discrimination

Independent School District No. 2137 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.

____________________________________ Date: __________________________
(Complainant Signature)

Received by: __________________________ Date: __________________________