

Form: ADA/SECTION 504 - DISCRIMINATION REPORTING FORM

General Statement of Policy Prohibiting Discrimination Toward a Student or an employee of Independent School District No. 511.

Independent School District No. 511. maintains a firm policy prohibiting all forms of discrimination against students and employees. All individuals are to be treated with respect and dignity. 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 discriminated toward you or a student on the basis of disability.

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 (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 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: _____
(Signature) (Date)