

St. Francis Area Schools

Human Resources
4115 Ambassador Boulevard NW, St. Francis MN 55070
763-753-7040 • www.isd15.org

Student Disability Discrimination Grievance Report Form

General Statement of Policy Prohibiting Disability Discrimination

St. Francis Area Schools 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 _____

Home Phone _____ Work Phone _____ Cell 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

Basis of alleged harassment/violence: *(check appropriate)*

- | | | | |
|--------------------------------|--|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Age | <input type="checkbox"/> Status with regard to public assistance |
| <input type="checkbox"/> Color | <input type="checkbox"/> National origin | <input type="checkbox"/> Marital status | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Sex | <input type="checkbox"/> Familial status | <input type="checkbox"/> 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.

Complainant Signature _____ Date _____

Received by _____ Date _____