

STUDENT SERVICES

File: JBA-F

COMPLAINT OF DISCRIMINATION

Name of Complainant:

Student's School and Class:

Address, Email Address, and Phone Number(s):

Parent/Legal Guardian name, Address, Email Addresses, and Phone Number(s):

Dates of Alleged Discrimination:

Name of the persons you believe discriminated against you or others:

Please describe the disability that forms the basis of the complaint.

Please describe in detail the incidents of alleged discrimination, including where the when the incidents occurred. Please name any witnesses that my have information regarding the alleged discrimination. Attach additional pages if necessary.

Please describe any past incidents that may be related to this complaint.

Please identify any attempts you have made to discuss or resolve this issue with any school division staff, including the results of those discussions.

Please provide your suggestions about how the issue can be resolved.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

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

Compliance Office

\_\_\_\_\_  
Date