



**STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM**

General Statement of Policy Prohibiting Disability Discrimination:

DaVinci Academy 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 within our institution.

Complainant (student): \_\_\_\_\_

Legal Guardian on behalf of complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

I have been discriminated against based on (check all that apply):

- 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):

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Location of the incident(s): \_\_\_\_\_

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List any witnesses that were present: \_\_\_\_\_

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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.

\_\_\_\_\_  
(Legal Guardian Signature) (Date)

Received by: \_\_\_\_\_  
(Date)