



This form has been developed to assist individuals in filing a disability-related discrimination complaint. Provide all information requested. Failure to provide all information may delay the complaint investigation. You will be contacted by the department regarding your complaint. Complaints must be submitted within one year of the date of the alleged disability discrimination.

COMPLAINANT INFORMATION			
Name of Complainant		Complainant's Email	
Relationship to the Pupil		Daytime Telephone Area/No.	
Complainant Address	City	State	Zip

PUPIL INFORMATION			
Name of Pupil		Pupil's Date of Birth Mo./Day/Yr.	
Address of Pupil's Residence	City	State	Zip

CHOICE SCHOOL INFORMATION			
Name of Choice School Which You Believe Has Discriminated		Choice School Telephone Area/No.	
Choice School Address	City	State	Zip

COMPLAINT INFORMATION			
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Describe the acts of disability-related discrimination providing the name(s) where possible of the individuals who discriminated.

Have efforts been made to resolve this complaint through the internal grievance procedure of the private school? Yes No

If yes, what is the status of the grievance?

A proposed resolution of the problem (to the extent known and available at this time). Use additional sheets or back if necessary.

SIGNATURE	
Complainant Signature	Date Signed Mo./Day/Yr.