



A World-Class Community of Learners

**Fridley Public Schools
Disability/504 Discrimination Report Form**

The Fridley School District maintains a firm policy prohibiting all forms of disability discrimination. Fridley School District does not discriminate against any individual on the basis of race, color, creed, national origin, sex, marital status, status with regard to public assistance, sexual orientation, age, family status, veteran status or disability in school employment, programs or activities. All persons are to be treated with respect and dignity. Disability discrimination will not be tolerated.

Complainant			
Address			
Telephone Number		Alternate Telephone Number	
Date of Alleged Incident(s)			

Name of person you believe unlawfully discriminated toward you or a student on the basis of disability:

If the alleged unlawful disability discrimination was toward another person, identify that person:

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; 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 who were present

This complaint is filed based on my honest belief that (enter name of person)

has harassed or has been violent to me or to another person. 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.

Date _____

Complainant Signature _____

Date _____

Received by _____