

Frederick County Public Schools
ADMINISTRATION

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Appendix
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Non-Discrimination On The Basis Of Disability

Name of Complainant: _____	
Student's School and Class: _____	
Address: _____	
Email Address: _____	Phone Number(s): _____
Name(s) of Parent/Legal Guardian: _____	
Address(es): _____	
Email address(es): _____	Phone Number(s): _____
Dates of Alleged Discrimination: _____	
Names of the persons you believe discriminated against you or others:	
<u>Please describe the disability that forms the basis of the complaint.</u>	
Please describe in detail the incidents of alleged discrimination, including where and when the incidents occurred. Please name any witnesses that may have information regarding the alleged discrimination. Attach additional pages if necessary.	
Please describe any past incidents that may be related to this complaint.	
<u>Please identify any attempts you have made to discuss or resolve this issue with any school division staff, including the results of those discussions.</u>	
<u>Please provide your suggestions about how the issue can be resolved.</u>	
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 Officer	Date

Adopted: June 19, 2018