

**BRISTOL WARREN REGIONAL SCHOOL DISTRICT**  
**Discrimination Based on Disability Complaint Filing Form**

**File: ACC-R**

Title VI, Title IX, Section 504, The ADA, The Age Discrimination Act, and Other Related Acts and Regulations

Name \_\_\_\_\_  
School \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

**Nature of grievance. Please describe the policy or action you believe may be in violation and identify any person(s) you believe may be responsible. Please use the back of this form to provide additional detailed facts, times, witnesses, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If others are affected by the possible violation, please give their names and /or positions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe any correction action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this grievance.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Grievant**

\_\_\_\_\_  
**Date**

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**Please forward this form to Compliance Office:**

Human Resources Department  
Bristol Warren Regional School District  
235 High Street, Bristol, RI 02809

[HR@BWRSD.org](mailto:HR@BWRSD.org)

\_\_\_\_\_  
**Date Complaint Form Received**