

Discrimination Based on Disability Complaint Filing Form

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

Please forward this form to Compliance Office:
Kimberly Aguiar, Assistant Business Manager/HR
Bristol Warren Regional School District
151 State Street, Bristol, RI 02809-2205
Kimberly.Aguiar@bwrso.org

Date Compliant Form Received