

**BRISTOL WARREN REGIONAL SCHOOL DISTRICT
Discrimination/Harassment Complaint Filing Form**

File: AC-R

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

Name of Grievant _____

School _____ Position _____

Phone _____ Email _____

Address _____

Nature of grievance. Please describe the specific action you object to or refusal to take an action.

Date(s) and Time(s) of action or refusal of action: _____

Name(s) of district staff or other person you believe has discriminated against you:

Name(s) of any witnesses:

Please describe any actions you would like to see to remedy the situation.

Signature of Grievant

Date

Principal signature: _____

Date received by principal _____

Please forward this form to the Compliance Officer:

Human Resources Office

Bristol Warren Regional School District

151 State Street, Bristol, RI 02809-2205

hr@bwrsd.org

Date Complaint Form Received