

South Carroll County Special School District

*Discrimination and Grievance Form**

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form please let us know.

1. Complainant's Name _____

Address _____

City, State and Zip Code _____

Telephone Number (home) (_____) _____

(business) (_____) _____

2. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

3. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

(a) Race/Color (specify) _____

(b) National Origin (specify) _____

(c) Handicap

(d) Sex (specify) _____

(e) Age (specify) _____

(f) Other (grievance against of problem with) _____

4. What date did the alleged discrimination take place? _____

