

**MINNESOTA STATE ACADEMIES
REPORT OF UNLAWFUL DISCRIMINATION BASED ON DISABILITY
TOWARD A STUDENT**

General Statement of Policy Prohibiting Unlawful Discrimination based on Disability Toward a Student
Minnesota State Academies maintains a firm policy (Policy #521) prohibiting unlawful discrimination based on disability. All students are to be treated with respect and dignity. Unlawful discrimination based on disability by any school personnel will not be tolerated under any circumstances.

Complainant: _____

Name of Student: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Date and Location of Alleged Incident(s):

Name of person you believe unlawfully discriminated against the student on the basis of disability:

List any witnesses that were present: _____

Please attach a statement describing the incident(s) as clearly as possible, including details that led you to believe that the student was discriminated against.

This complaint is filed based on my honest belief that _____ has unlawfully discriminated against _____ on the basis of disability. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant Name (Please Print)

Complainant Signature

Date

Received by

Date