

1. School or department where you believe discrimination is occurring:

2. Describe your complaint. Include: a) the specific incident or activity that is viewed as discrimination; b) Individuals involved; c) dates, times and/or locations involved; d) the disability that forms the basis of the complaint. (Attach additional pages if needed).

3. Identify any attempts you have made to discuss or resolve this issue with district staff, including the staff member names, dates of the discussions, and/or results of those discussions. (Attach additional pages if needed).

4. Please provide your suggestion about how this issue could be resolved. (Attach additional pages if needed).

Submit this form through mail or email.

Mail form to Ramona Lee, 504 Compliance Officer, 1303 E. Central Drive, Meridian, ID, 83642; or send email copy of form to Ramona Lee at lee.ramona@westada.org.

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