For office use only
Date received: _____

STEP – APPENDIX FORM E

Disability Discrimination Complaint

Concerning Student _____ Date of Birth _____ Age _____

School _____ Grade _____

Parents/Guardians _____

Home Address _____

Home Phone_____ Cell Phone _____ E-Mail _____

IMPORTANT: THIS FORM MUST BE SUBMITTED WITHIN FIFTEEN (15) DAYS OF THE EVENT THAT IS THE SUBJECT OF THIS COMPLAINT OR WHEN KNOWLEDGE OF THE FACTS WAS FIRST OBTAINED.

1. Please state the nature of the student's disability: _____
   _____

2. Please give facts about the complaint. Provide details such as names of those involved, dates, whether witnesses were present, etc., that might be helpful to the complaint investigator.
   _____
   _____
   _____

3. Please supply copies of any written documents that may be relevant to/support your complaint. I have attached supporting documents: ☐ YES ☐ NO

4. Please state the specific relief you are seeking: _____
   _____

5. Have you discussed your complaint with any Department of Catholic Schools or Archdiocesan personnel? If you have, to whom did you take your complaint, and what was the result?
   _____
   _____
   _____

I certify that the foregoing is true and correct:

Parent/Guardian Signature: _____ Date: _____

Attach additional sheets for details if needed. Mail complaint/documents to your principal and to:
Archdiocesan Compliance Officer - Department of Catholic Schools
3424 Wilshire Blvd., Floor 2
Los Angeles, CA 90010