



Policy Title: Anti-Bullying/Harassment Complaint Form
Code 103.1-E1

Name of Person Filing Complaint (Complainant):

Relationship of Complainant to District:

Date of Complaint:

Name of Alleged Victim:

Name of Alleged Bully/Harasser:

Date and Place of Alleged Incident:

Nature of alleged bullying/harassment: (Check all that apply)

Table with 4 columns: Age, Color, Creed, National Origin, Race, Religion, Ancestry, Physical Attributes, Genetic Information, Physical/Mental Ability or Disability, Marital Status, Sex, Sexual Orientation, Gender Identity, Political Party Preference, Political Beliefs, Socioeconomic Status, Familial Status, Pregnancy, Military Status, and Other - Please specify below.

Description of Misconduct (Attach additional pages if needed):

Multiple horizontal lines for writing the description of misconduct.

Names of Witnesses (if any): _____

Evidence of bullying/Harassment such as letters, photos, etc. (Attach evidence, if possible):

I agree that all the information on this form is accurate and true to the best of my knowledge.

Complainant's Signature: _____ Date: _____

Please return this completed form to:

Equity Coordinator/Title IX Coordinator/Affirmative Action Coordinator:
Mrs. Karla Christian, Chief Officer of Human Resources
319-447-3036 / kchristian@Linnmar.k12.ia.us

Equity Coordinator:
Mr. Nathan Wear, Associate Superintendent
Phone: 319-447-3028 / Nathan.wear@Linnmar.k12.ia.us

Address: 2999 N 10th Street, Marion, IA 52302
Fax: 319-377-9252

Reviewed: 5/14; 9/16
Revised: 6/20
Related Policy: 103.1; 103.1-R; 103.E2-E3
IASB Reference: 104.E1