



Policy Title: Anti-Bullying/Anti-Harassment Witness Disclosure Form
Code 103.1-E2

Name of Witness: _____

Position of Witness (Student/Employee/Volunteer): _____

Date of Interview: _____

Date of Initial Complaint: _____

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 Incident Witnessed (Include date and place of incident): _____

Multiple horizontal lines for writing the description of the incident.

Additional Pertinent Information: _____

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

Witness's Signature: _____ Date: _____

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@Linmar.k12.ia.us

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

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

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Related Policy: 103.1; 103.1-R; 103.E1; 103.1-E3
IASB Reference: 104.E2