

School District – Equal Opportunity, Non-Discrimination, and Grievances

Policy Title: Discrimination Complaint Form Code 104.1-E3

Date of Complaint:		
Name of Complainant:		
Are you filling out this form for yourselare submitting this form on behalf of so	•	•
Who or what entity do you believe disc	riminated against you (or so	omeone else)?
Date and Place of Alleged Incident:		
Names of Witnesses:		
Nature of alleged discrimination (Check	all that apply):	
Age	Marital Status	Other – Please specify below:
Color	Sex	· ,
Creed	Sexual Orientation	
National Origin	Gender Identity	
Race	Political Party Preference	
Religion	Political Beliefs	
Ancestry	Socioeconomic Status	
Physical Attributes	Familial Status	
Genetic Information	Pregnancy	
Physical/Mental Ability or Disability	Military Status	
In the space below, please describe whelse has been discriminated against. Plages, if necessary.		

I agree that all the information on this form is accurate and true to the best of my knowledge.
Complainant'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@Linnmar.k12.ia.us
Faulth Coandinatory
Equity Coordinator: Mr. Nathan Wear, Associate Superintendent 319-447-3028 / Nathan.wear@Linnmar.k12.ia.us
Address: 2999 N 10 th Street, Marion, IA 52302

Adopted: 10/17 Revised: 6/20 Related Policy: 103.1; 103.1-R; 103.1-E1-E3; 104.1; 104.1-R; 104.1-E1-E2, E4-E5 IASB Reference: 102.E4