Policy Series 100 – School District Equal Educational Opportunity, Non-Discrimination, and Section 504 Compliance



Po	olicy 104.1-E3 Discrimination	n Complaint Form		
D	ate of Complaint:			
N	ame of Complainant:			
Are you filling out this form for yourself or someone else? (Please identify the individual if you are submitting this form on behalf of someone else): Who or what entity do you believe discriminated against you (or someone else)?				
D	ate and Place of Alleged Inci	dent:		
N	ature of alleged discrimination	Marital Status	Other – Please specify below:	
	Age Color	Sex	Offier - Flease specify below.	
	Creed	Sexual Orientation	\dashv	
	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		
h			why you believe that you or someone else ossible and attach additional pages, if	
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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: Karla Christian, Chief Officer of Human Resources 319-447-3036 / kchristian@Linnmar.k12.ia.us

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

Address: 2999 N 10th Street, Marion, IA 52302

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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