



Policy Title: Discrimination Witness Disclosure Form
Code 104.1-E4

Name of Witness: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Date of Initial Complaint: \_\_\_\_\_

Name of Complainant (Include whether the complainant is a student or employee):
\_\_\_\_\_

Date and Place of Alleged Incident: \_\_\_\_\_

Nature of alleged discrimination (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 (Attach additional sheet, if needed):

Multiple horizontal lines for writing the description of the incident.

Additional Pertinent Information (Attach additional sheet, if needed):

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

Witness' 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

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

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