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



Policy 104.1-E4 Discrimination Witness Disclosure Form			
Name of Witness:			
Date of Interview:			
Date of Initial Complaint:			
Name of Complainant (Includ	e whether the complainant is	a student or employee):	
Date and Place of Alleged Inc	ident:		
Nature of alleged discrimination	on (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		
Description of incident witness	ed (Attach additional sheet, if	needed):	

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

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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-E3; E5

IASB Reference: 102.E5