Policy Series 100 – School District Allegations of Injury or Abuse



Policy 105.1-E Student Injury/Abuse by School Employee Reporting Form

Please complete the following as fully as possible. If you need assistance, contact the district's Level I investigators as listed on page 2. *Please print all information*.

Student's Name and Address: Student's Telephone Number: Student's School:															
							-	Name and place of employment of school employee accused of injuring/abusing the student:							
							student:					_			
							Allegation is of:	Physic	cal Abuse	Se	exual Abuse**				
**Parents of childre are the alleged vic interviews of their c wishes to exercise t	tims of or v	witness to sexual	abuse hav	e the right to se	e and hear any										
Yes	No	Telephone Nu	mber:												
Please describe wh known. If physical o additional sheet if r	abuse is al	_			-										

	dent or are there students or persons who may haveYesNo
If yes, please list by name (if known) (Example: Third grade class, fourth pe	
Complainant's Signature:	Date:
Complainant's Relationship to Studer	nt:

Please return this completed and signed form to the Level I investigators:

- Karla Christian, Chief Officer of Human Resources, Equity Coordinator, Title IX Coordinator, and Affirmative Action Coordinator
 - o 319-447-3036 / kchristian@Linnmar.k12.ia.us
- Nathan Wear, Associate Superintendent and Equity Coordinator
 - o 319-447-3028 / nathan.wear@Linnmar.k12.ia.us
- Leisa Breitfelder, Executive Director of Student Services and 504 Compliance Coordinator
 - o 319-447-3003 / lbreitfelder@Linnmar.k12.ia.us

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

Fax: 319-377-9252

Related Policy: 105.1 Reviewed: 9/14; 3/17; 3/23

Revised: 6/20