

LINN-MAR COMMUNITY SCHOOL DISTRICT

Injury/Abuse of Student by School District Employee Report Form Complaint of Injury to or Abuse of a Student by a School District Employee

Code 105.1-E

Please complete the following as fully as possible. If you need assistance, contact the district's Level I investigators as listed on page 2. <i>Please Print</i>					
Student's Name and Address:					
Student's Telephone Nu	Student's Telephone Number:				
Student's School:					
Name and place of employment of school employee accused of injuring/abusing the student:					
Allegation is of:	Physical Abuse	Sexual Abuse**			
the alleged victims of o	r witnesses to sexual abu	en through sixth grade and whose use have the right to see and hear cate "yes" if the parent/guardian w	any interviews		
Yes	No Telephone i	Number:			
		ne, and where the incident took place, the student's injury. Attach an addition			

Vere there any witnesses to the incident or ar nformation about this incident?	
ff yes, please list by name (if known) or classif Example: Third grade class, fourth period geometr	
Complainant's Signature:	Date:

Please return this completed, signed form to the Level I Investigators:

- Mrs. Karla Christian, Chief Officer of Human Resources, Equity Coordinator, Title IX Coordinator, and Affirmative Action Coordinator
 - o 319-447-3036 / kchristian@Linnmar.k12.iaus
- Mr. Nathan Wear, Associate Superintendent and Equity Coordinator
 - o 319-447-3028 / nathan.wear@Linnmar.k12.ia.us
- Mrs. 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 (Code#): 105.1 Reviewed 9/14; 3/17

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