



**Linn-Mar Community School District
Equity Complaint Form**

Code 400.1-E

Distribution of Form: *(Equity Coordinator)*

Name of Complainant: _____

Building: _____

Date of Filing: _____

Date Violation Occurred: _____

Date Level I Meeting was held: *(optional)* _____

Parties present at Level I Meeting: _____

Nature of Complaint: _____

Remedy Requested: _____

Signature Date

Address/City

Phone

Disposition of Chief Officer of Human Resources/Equity Coordinator: _____

Signature of Chief Officer of Human Resources/Equity Coordinator Date

Chief Officer of Human Resources/Equity Coordinator's Disposition (Accepted or Rejected):

Signature of Complainant

Date

Disposition by Superintendent: _____

Signature

Date