



**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):

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\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Disposition by Superintendent: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date