



**Names of Witnesses (if any):** \_\_\_\_\_

**Evidence of bullying/Harassment such as letters, photos, etc. (Attach evidence, if possible):**

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**I agree that all the information on this form is accurate and true to the best of my knowledge.**

**Complainant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please 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](mailto:kchristian@Linnmar.k12.ia.us)

Equity Coordinators:  
Nathan Wear, Associate Superintendent (Secondary Level)  
319-447-3028 / [nathan.wear@Linnmar.k12.ia.us](mailto:nathan.wear@Linnmar.k12.ia.us)

Bob Read, Associate Superintendent (Elementary Level)  
319-447-3016 / [bread@Linnmar.k12.ia.us](mailto:bread@Linnmar.k12.ia.us)

Special Education/Student Services Equity Coordinator:  
Melissa Frick, Executive Director of Student Services  
319-447-3663 / [melissa.frick@Linnmar.k12.ia.us](mailto:melissa.frick@Linnmar.k12.ia.us)

Address: 2999 N 10<sup>th</sup> Street, Marion, IA 52302  
Fax: 319-377-9252