Policy 103.1-E1
Anti-Bullying and Anti-Harassment Complaint Form

Name of Person Filing Complaint (Complainant):_____

Relationship of Complainant to District:_____

Date of Complaint:_____

Name of Alleged Victim:_____

Name of Alleged Bully/Harasser:_____

Date and Place of Alleged Incident:_____

Nature of alleged bullying/harassment: (Check all that apply)

	Age		Marital Status	Other – Please specify below:
	Color		Sex	
	Creed		Sexual Orientation	
	National Origin		Gender Identity	
	Race		Political Party Preference	
	Religion		Political Beliefs	
	Ancestry		Socioeconomic Status	
	Physical Attributes		Familial Status	
	Genetic Information		Pregnancy	
	Physical/Mental Ability or Disability		Military Status	

Description of Misconduct (Attach additional pages if needed):

Names of Witnesses (if any):_____

_____

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

_____

_____

_____

_____

_____

_____

_____

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

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

Bob Read, Associate Superintendent (Elementary Level)
319-447-3016 / 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

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

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Related Policy: 103.1; 103.1-R; 103.E2-E3
IASB Reference: 104.E(1)