

**Policy Series 100 – School District
Anti-Bullying and Anti-Harassment**



**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)