

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 Human Resources Officer

319-447-3036 / kchristian@linnmar.k12.ia.us

Equity Coordinator:

Nathan Wear, Associate Superintendent

319-447-3028 / nathan.wear@linnmar.k12.ia.us

Special Education/Student Services Equity Coordinator:

Melissa Frick, Executive Director of Student Services

319-730-3663 / melissa.frick@linnmar.k12.ia.us

Address: 3556 Winslow Road, Marion, IA 52302

Fax: 319-403-8008

Reviewed: 5/14; 9/16; 3/23

Revised: 6/20; 10/23; 9/24

Related Policy: 103.1; 103.1-R; 103.E2-E3

IASB Reference: 104-E(1)