Policy Series 100 – School District Anti-Bullying/Harassment



Policy 103.1-E1 Anti-Bullying/Harassment Complaint Form

ne or complain.		
me of Alleged Victim:		
ıme of Alleged Bully/Hara	sser:	
	ncident:	
ne and riace of Allegea if	icideiii.	
ature 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	
I Physical/Montal Ability or	Military Status	
Physical/Mental Ability or Disability	TVIIIITALY STATOS	
Disability	Attach additional pages if	needed):
Disability		needed):

Names of Witnesses (if any):		
Evidence of bullying/harassment such as letters, photos, possible):	•	
I agree that all the information on this form is accurate a knowledge.	nd true to the best of my	
Complainant's Signature:	Date:	
Please return this completed form to:		
Equity Coordinator/Title IX Coordinator/Affirmative Actio Karla Christian, Chief Human Resources Officer 319-447-3036 / kchristian@Linnmar.k12.ia.us	on Coordinator:	
<u>Equity Coordinator:</u> Nathan Wear, Associate Superintendent 319-447-3028 / nathan.wear@Linnmar.k12.ia.us		
<u>Special Education/Student Services Equity Coordinator:</u> 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

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IASB Reference: 104-E(1)