Policy Series 100 – School District Anti-Bullying/Harassment



Policy 103.1-E1 Anti-Bullying/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:
Names of Witnesses (if any):
In the space below, please describe what happened and why you believe that you or someone else has been bullied/harassed. Please be as specific as possible and attach additional pages if necessary.

possible):	tters, photos, etc. (Attach evidence, if
I agree that all the information on this form i knowledge.	s accurate and true to the best of my
Canadain and Cianada	
Complainant's Signature:	Date:
Please return this completed form to: Equal Employment/Nondiscrimination Coordination Christian, Chief Human Resources Offi 319-447-3036 / kchristian@Linnmar.k12.ia.us	dinator/Title IX Coordinator:
Please return this completed form to: Equal Employment/Nondiscrimination Coord Karla Christian, Chief Human Resources Offi	<u>dinator/Title IX Coordinator</u> : cer

319-730-3663 / anne.taber@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; 9/25 Related Policy: 103.1; 103.1-R; 103.E2-E3

IASB Reference: 104-E(1)