## Policy Series 100 - School District Anti-Bullying/Harassment



## Policy 103.1-E2 Anti-Bullying/Harassment Witness Disclosure Form

Na	me of Witness:		
Pos	sition of Witness (Student/Emp	oloyee/Volunteer):	
Da	te of Interview:		
Da	te of Initial Complaint:		
Na	ture of alleged bullying/hara	ssment (Check all that apply	):
	Age	Marital Status	Other – Please specify
	Color	Sex	below:
	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	
			-
-			

Additional Pertinent Information:	
I agree that all the information on this form is accumulated.	·
Witness's Signature:	Date:
Return this completed form to:	
Equity Coordinator/Title IX Coordinator/Affirm	ative Action Coordinator:
Karla Christian, Chief Human Resources Office	anve Achon Coordinator.
319-447-3036 / kchristian@Linnmar.k12.ia.us	
517-447-5056 / <u>KCHIBHAHWEHHIHIALKIZ.IA.US</u>	
	<u> </u>
Equity Coordinator: Nathan Wear, Associate Superintendent	
Equity Coordinator:	er
Equity Coordinator: Nathan Wear, Associate Superintendent 319-447-3028 / nathan.wear@Linnmar.k12.ia.u	er U <u>S</u>
<u>Equity Coordinator:</u> Nathan Wear, Associate Superintendent	us pordinator:

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

Address: 3556 Winslow Road, Marion, IA 52302

Fax: 319-403-8008

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Related Policy: 103.1; 103.1-R; 103.E1; 103.1-E3

IASB Reference: 104-E(2)