Policy Series 100 - School District Anti-Bullying/Harassment



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

Name of Witness:				
Position of Witness (Student/Employee/Volunteer):				
Date of Interview:				
Date of Initial Complaint:				
Description of Incidents Witnessed (Include date and place of incidents):				
Additional Pertinent Information:				

I agree that all the information on this form is accurate and true to the best of my knowledge.

Witness's Signature:	Date:	
witness s signature:	 Date:	

Return this completed form to:

<u>Equal Employment/Nondiscrimination Coordinator/Title IX Coordinator:</u>
Karla Christian, Chief Human Resources Officer
319-447-3036 / kchristian@Linnmar.k12.ia.us

Nondiscrimination Coordinator: Nathan Wear, Associate Superintendent 319-447-3028 / nathan.wear@Linnmar.k12.ia.us

<u>Special Education/Student Services Nondiscrimination Coordinator:</u>
Anne Faber, Executive Director of Student Services
319-730-3663 / anne.faber@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.E1; 103.1-E3

IASB Reference: 104-E(2)