

Name of Witness:_____

Date of Interview:_____

Description of Incidents Witnessed (Include date and place of incidents):_____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.[illegible]

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

Witness's Signature: _____ **Date:** _____

Return this completed form to:

Equal Employment/Nondiscrimination Coordinator/Title IX Coordinator:

Karla Christian, Chief Human Resources Officer
319-447-3036 / kchristian@Linnmar.k12.ia.us

Nondiscrimination Coordinator:

Chad Lang, Associate Superintendent
319-447-3028 / chad.lang@Linnmar.k12.ia.us

Special Education/Student Services Nondiscrimination Coordinator:

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; 9/26

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

IASB Reference: 104-E(2)