Policy Series 100 - School District Anti-Bullying and Anti-Harassment



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

Na	Name 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	7		
	Ancestry	Socioeconomic Status	7		
	Physical Attributes	Familial Status	7		
	Genetic Information	Pregnancy	1		
	Physical/Mental Ability or Disability	Military Status			

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I agree that all the information on this form is accurate knowledge.	and true to the best of my
Witness's Signature:	Date:
Return this completed form to:	
keroni inis completed form to.	
•	A akian Canyalin akaw
Equity Coordinator/Title IX Coordinator/Affirmative	e Action Coordinator:
Equity Coordinator/Title IX Coordinator/Affirmative Karla Christian, Chief Officer of Human Resources	e Action Coordinator:
Equity Coordinator/Title IX Coordinator/Affirmative Karla Christian, Chief Officer of Human Resources	e Action Coordinator:
Equity Coordinator/Title IX Coordinator/Affirmative Karla Christian, Chief Officer of Human Resources 319-447-3036 / kchristian@Linnmar.k12.ia.us	e Action Coordinator:
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Address: 2999 N 10th Street, Marion, IA 52302

Fax: 319-377-9252

Reviewed: 5/14; 9/16; 3/23 Revised: 6/20; 10/23

Related Policy: 103.1; 103.1-R; 103.E1; 103.1-E3 IASB Reference: 104-E(2)