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



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

Na	Name of Witness:				
Pos	sition of Witness (Student/Emp	oloyee/Volunteer):			
Da	te of Interview:				
Date of Initial Complaint:					
Na	Nature of alleged bullying/harassment (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 accurate knowledge.	and true to the best of my			
Witness's Signature:	Date:			
Return this completed form to:				
Equity Coordinator/Title IX Coordinator/Affirmative Karla Christian, Chief Human Resources Officer 319-447-3036 / kchristian@Linnmar.k12.ia.us	e Action Coordinator:			
Equity Coordinator: Nathan Wear, Associate Superintendent 319-447-3028 / <u>nathan.wear@Linnmar.k12.ia.us</u>				
Special Education/Student Services Equity Coordi Melissa Frick, Executive Director of Student Service				

319-730-3663 / melissa.frick@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

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

IASB Reference: 104-E(2)