



Policy 104.1-E3 Discrimination Complaint Form

Date of Complaint: _____

Name of Complainant: _____

Are you filling out this form for yourself or someone else? (Please identify the individual if you are submitting this form on behalf of someone else): _____

Who or what entity do you believe discriminated against you (or someone else)?

Date and Place of Alleged Incident: _____

Names of Witnesses: _____

Nature of alleged discrimination (Check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Marital Status	Other – Please specify below:
<input type="checkbox"/>	Color	<input type="checkbox"/>	Sex	
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Sexual Orientation	
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Gender Identity	
<input type="checkbox"/>	Race	<input type="checkbox"/>	Political Party Preference	
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Political Beliefs	
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	Socioeconomic Status	
<input type="checkbox"/>	Physical Attributes	<input type="checkbox"/>	Familial Status	
<input type="checkbox"/>	Genetic Information	<input type="checkbox"/>	Pregnancy	
<input type="checkbox"/>	Physical/Mental Ability or Disability	<input type="checkbox"/>	Military Status	

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against. Please be as specific as possible and attach additional pages, if necessary.

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

Complainant's Signature: _____ Date: _____

Return this completed form to:

Equity Coordinator/Title IX Coordinator/Affirmative Action Coordinator:

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

Equity Coordinators:

Nathan Wear, Associate Superintendent (Secondary Level)
319-447-3028 / nathan.wear@Linnmar.k12.ia.us

Bob Read, Associate Superintendent (Elementary Level)
319-447-3016 / bread@Linnmar.k12.ia.us

Special Education/Student Services Equity Coordinator:

Melissa Frick, Executive Director of Student Services
319-447-3663 / melissa.frick@Linnmar.k12.ia.us

Address: 2999 N 10th Street, Marion, IA 52302
Fax: 319-377-9252