Policy Series 100 – School District Equal Educational Opportunity, Non-Discrimination, and Section 504 Compliance



Policy 104.1-E3
Discrimination Complaint Form

Do	ate of Complaint:			
No	ame of Complainant:			
	re you filling out this form for you are submitting this form on			
W	ho or what entity do you belie	eve discriminated against you	u (or someone else)?	
Do	ate and Place of Alleged Incid	dent:		
No	ames of Witnesses:			
Nature of alleged discrimination (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		
so	the space below, please desomeone else has been discrimed tach additional pages, if necessity	ninated against. Please be as	· ·	

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:

<u>Equity Coordinator/Title IX Coordinator/Affirmative Action Coordinator:</u>
Karla Christian, Chief Officer of Human Resources
319-447-3036 / <u>kchristian@Linnmar.k12.ia.us</u>

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

Adopted: 10/17 Reviewed: 3/23 Revised: 6/20; 10/23

Related Policy: 104.1; 104.1-R; 104.1-E1-E2, E4-E5

IASB Reference: 102-E(4)