

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



**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.**

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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 Human Resources Officer  
319-447-3036 / [kchristian@Linnmar.k12.ia.us](mailto:kchristian@Linnmar.k12.ia.us)

Equity Coordinator:

Nathan Wear, Associate Superintendent  
319-447-3028 / [nathan.wear@Linnmar.k12.ia.us](mailto:nathan.wear@Linnmar.k12.ia.us)

Special Education/Student Services Equity Coordinator:

Melissa Frick, Executive Director of Student Services  
319-730-3663 / [melissa.frick@Linnmar.k12.ia.us](mailto:melissa.frick@Linnmar.k12.ia.us)

Address: 3556 Winslow Road, Marion, IA 52302  
Fax: 319-403-8008

Adopted: 10/17  
Reviewed: 3/23  
Revised: 6/20; 10/23; 9/24  
Related Policy: 104.1; 104.1-R; 104.1-E1-E2, E4-E5  
IASB Reference: 102-E(4)