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



Policy 104.1-E4
Discrimination Witness Disclosure Form

Name of Witness:			
Date of Interview:			
Date of Initial Complaint:			
Name of Complainant (Include	whether the complainant is	a student or employee):	
Date and Place of Alleged Incident:			
Nature of alleged discrimination (Check all that apply):			
Age	Marital Status	Other – Please specify below:	
Color	Sex		
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		
Description of incident witnesse	ed (Attach additional sheet, if	needed):	

Additional Pertinent Information (Attach additional sheet, if needed):		
I agree that all the information on this forn knowledge.	n is accurate and true to the best of my	
Witness' 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

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IASB Reference: 102-E(5)