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):					
					Other Dieses was sit.
			Age	Marital Status	Other – Please specify below:
			Color	Sex Sexual Orientation	Delow.
Creed	Sexual Orientation				
National Origin	Gender Identity				
Race Religion	Political Party Preference Political Beliefs	_			
	Socioeconomic Status	-			
Ancestry Physical Attributes	Familial Status	-			
Genetic Information	Pregnancy	-			
Physical/Mental Ability or Disability	Military Status				
Description of incident witnessed	(Attach additional sheet, if	needed):			

Additional Pertinent Information (Attach additional sheet, if needed):		
s accurate and true to the best of my		
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

Equity Coordinator:

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

<u>Special Education/Student Services Equity Coordinator:</u> Melissa Frick, Executive Director of Student Services 319-730-3663 / 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-E3; E5

IASB Reference: 102-E(5)