



LM LINN-MAR
Community
School District

Name of Witness:_____

Date of Initial Complaint:_____

Date and Place of Alleged Incident: _____

	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	

[illegible]

Additional Pertinent Information (Attach additional sheet, if needed):

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

Witness' Signature: _____ **Date:** _____

Return this completed form to:

Equal Employment/Nondiscrimination Coordinator/Title IX Coordinator:

Karla Christian, Chief Human Resources Officer

319-447-3036 / kchristian@Linnmar.k12.ia.us

Nondiscrimination Coordinator:

Nathan Wear, Associate Superintendent

319-447-3028 / nathan.wear@Linnmar.k12.ia.us

Special Education/Student Services Nondiscrimination Coordinator:

Anne Faber, Executive Director of Student Services

319-730-3663 / anne.faber@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; 8/25

Related Policy: 104.1; 104.1-R; 104.1-E1-E3; E5

IASB Reference: 102-E(5)