Policy Series 100 – School District Equal Educational Opportunity, Nondiscrimination, 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 discriminatio		Other Diameter 's
Age	Marital Status	Other – Please specify below:
Color	Sex	Delow.
Creed	Sexual Orientation	4
National Origin	Gender Identity	4
Race	Political Party Preference	4
Religion	Political Beliefs	4
Ancestry	Socioeconomic Status	4
Physical Attributes	Familial Status	4
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):		
agree that all the information on this form knowledge.	n is accurate and true to the best of my	
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

<u>Special Education/Student Services Nondiscrimination Coordinator:</u> 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; 10/25

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)