Policy Series 100 – School District Allegations of Injury or Abuse



Policy 105.1-E Abuse of Students by District Employees Reporting Form

Please complete the following as fully as possible. If you need assistance, contact the district's Level I investigators as listed. Please print all information.

Student's Name and Address:
Student's Telephone Number:
Student's School:
Name and place of employment of school employee accused of injuring/abusing the student:
Allegation is of:Physical AbuseSexual Abuse**
**Parents of children who are in pre-kindergarten through sixth grade and whose children are the alleged victims of or witness to sexual abuse have the right to see and hear any interviews of their children in the investigation. Please indicate "yes" if the parent/guardian wishes to exercise this right:
YesNo Telephone Number:
Please describe what happened (Include date, time, and where the incident took place, if known. If physical abuse is alleged, also state the nature of the student's injury. Attach an additional sheet if needed):

may have information about this incident? Yes	•
If yes, please list by name (if known) or classification: (Example: Third grade class, fourth period geometry class, etc.	.)
Complainant's Signature: Da	ıte:
Complainant's Relationship to Student:	

Please return this completed and signed form to the Level I investigators:

- Karla Christian, Chief Human Resources Officer, Equity Coordinator, Title IX Coordinator, and Affirmative Action Coordinator
 - o 319-447-3036 / kchristian@Linnmar.k12.ia.us
- Nathan Wear, Associate Superintendent and Equity Coordinator
 - o 319-447-3028 / nathan.wear@Linnmar.k12.ia.us
- Melissa Frick, Executive Director of Student Services and Special Education/Student Services Equity Coordinator
 - o 319-730-3663 / melissa.frick@Linnmar.k12.ia.us

Address: 3556 Winslow Road, Marion, IA 52302

Fax: 319-403-8002

Related Policy: 105.1 Reviewed: 9/14; 3/17; 3/23 Revised: 6/20; 10/23; 8/24