

**COMPLAINT FORM FOR ALLEGATIONS OF BULLYING/HARASSMENT AND/OR  
DISCRIMINATION AND/OR VIOLATION OF DISTRICT POLICY  
FOR USE WITH POLICIES 103.1, 103.2, 109.0, 402.4, 403.51**

Date of Complaint: \_\_\_\_\_

Complainant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position (if employee): \_\_\_\_\_

School (if student): \_\_\_\_\_

Type of Complaint: (For allegations of abuse of students by District employees, use form 402.3-E1)

Bullying/Harassment

Discrimination

Violation of District Policy



Check the basis of bullying/harassment or discrimination

Description of Policy

|                          |  |                          |                            |
|--------------------------|--|--------------------------|----------------------------|
| <input type="checkbox"/> | Age  | <input type="checkbox"/> | Political Belief           |
| <input type="checkbox"/> | Disability                                 | <input type="checkbox"/> | Political Party Preference |
| <input type="checkbox"/> | Familial Status                            | <input type="checkbox"/> | Race/Color                 |
| <input type="checkbox"/> | Gender Identity                            | <input type="checkbox"/> | Religion/Creed             |
| <input type="checkbox"/> | Marital Status                             | <input type="checkbox"/> | Sex                        |
| <input type="checkbox"/> | National Origin/Ethnic Background/Ancestry | <input type="checkbox"/> | Sexual Orientation         |
| <input type="checkbox"/> | Physical Attribute                         | <input type="checkbox"/> | Socio-economic Background  |
| <input type="checkbox"/> | Physical/Mental Ability                    | <input type="checkbox"/> | Other-Please Specify       |

Number, title, or other description

What is the name of the person alleged to have harassed, discriminated, or violated policy?

\_\_\_\_\_

Position (if employee) \_\_\_\_\_

Date and place of incident or incidents: \_\_\_\_\_

Description of misconduct/violation (use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of witnesses (if any): \_\_\_\_\_

Evidence of misconduct, i.e. letters, photos, etc. (attach evidence if possible): \_\_\_\_\_

Any other information (may use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

Remedy Sought: \_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the allegation involves a student, return this form to:

Cora Turner, Executive Director of Student & At-Risk Services  
Education Service Center  
1516 Washington St.  
Waterloo, Iowa 50702  
319-433-1801

For allegations involving nonstudents, return this form to:

Dr. Beverly A. Smith, Associate Superintendent for Human Resources & Equity  
Education Service Center  
1516 Washington St.  
Waterloo, Iowa 50702  
319-433-1800

For allegations of violation of District policy, form should initially be turned into building administrator. If the complaint is not resolved, employee may file a written request for a conference with:

Dr. Beverly A. Smith  
Associate Superintendent for Human Resources & Equity

ADOPTED: 11/13/00  
6/3/04  
12/11/06  
7/9/07  
5/1/08

Reviewed: 6/3/04, 11/9/06, 7/9/07, 5/1/08, 2/3/11