COMPLAINT FORM FOR ALLEGATIONS OF BULLYING/HARASSMENT AND/OR DISCRIMINATION AND/OR VIOLATION OF DISTRICT POLICY

FOR USE WITH POLICIES 103.1, 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

<table>
<thead>
<tr>
<th>Age</th>
<th>Political Belief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>Political Party Preference</td>
</tr>
<tr>
<td>Familial Status</td>
<td>Race/Color</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>Religion/Creed</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Sex</td>
</tr>
<tr>
<td>National Origin/Ethnic Background/Ancestry</td>
<td>Sexual Orientation</td>
</tr>
<tr>
<td>Physical Attribute</td>
<td>Socio-economic Background</td>
</tr>
<tr>
<td>Physical/Mental Ability</td>
<td>Other-Please Specify</td>
</tr>
</tbody>
</table>

Description of Policy

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): ________________________________

EXHIBIT
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:

Marla Padget, 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:

Kingsley Botchway II
Chief Officer of 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:

Kingsley Botchway II
Chief Officer of 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, 2/7/19