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:		
Compla	inant Information		
Name: _			
Address	::		
Telepho	ne Number:		
Position	(if employee):		
School ((if student):		
Type of	Complaint: (For alleg	gations of abuse of students by Dist	trict employees, use form 402.3-E1)
¥		Discrimination ↓	Violation of District Policy ♦ Description of Policy
♦ Check t		Discrimination ↓ harassment or discrimination Political Belief	★ Description of Policy
★ Check tl Age		♦ harassment or discrimination	 ♦ Description of Policy Number, title, or other
♦ Check the check the	ne basis of bullying/	★ harassment or discrimination Political Belief	★ Description of Policy
 ★ Check tl Age Disal Fami 	ne basis of bullying/	 ♦ harassment or discrimination Political Belief Political Party Preference 	 ♦ Description of Policy Number, title, or other
 ★ Check the Age Disal Family Gend 	ne basis of bullying/ pility lial Status	 ♦ harassment or discrimination Political Belief Political Party Preference Race/Color 	 ♦ Description of Policy Number, title, or other
 ★ Check til Age Disal Fami Gend Marit 	ne basis of bullying/ bility lial Status der Identity	 ★ harassment or discrimination Political Belief Political Party Preference Race/Color Religion/Creed 	 ♦ Description of Policy Number, title, or other
 ★ Check the second secon	ne basis of bullying/ pility lial Status der Identity al Status pnal Origin/Ethnic ground/Ancestry	 ★ harassment or discrimination Political Belief Political Party Preference Race/Color Religion/Creed Sex 	 ♦ Description of Policy Number, title, or other
 ★ Check the second secon	ne basis of bullying/ pility lial Status der Identity al Status pnal Origin/Ethnic	 ★ harassment or discrimination Political Belief Political Party Preference Race/Color Religion/Creed Sex Sexual Orientation Socio-economic 	 ♦ Description of Policy Number, title, or other
 ♦ Check til Age Disal Fami Geno Marit Nation Back Physical 	ne basis of bullying/ bility lial Status der Identity al Status onal Origin/Ethnic ground/Ancestry ical Attribute	 ★ harassment or discrimination Political Belief Political Party Preference Race/Color Religion/Creed Sex Sexual Orientation Socio-economic Background 	 ♦ Description of Policy Number, title, or other
 ♦ Check til Age Disal Fami Geno Marit Nation Back Physical 	ne basis of bullying/ bility lial Status der Identity al Status onal Origin/Ethnic ground/Ancestry ical Attribute ical/Mental	 ★ harassment or discrimination Political Belief Political Party Preference Race/Color Religion/Creed Sex Sexual Orientation Socio-economic 	 ♦ Description of Policy Number, title, or other

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

WATERLOO COMMUNITY SCHOOLS

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

Any other information (may use additional sheets if necessary):						
Remedy	Sought:					
l agree t knowledg		nformation on	this form is ac	curate and t	rue to the best of m	
Signature	e:			Date:		
If the alle	gation involv	ves a student, re	turn this form t	0:		
	Marla Pa	151 Wate	Director of Stu ation Service C 6 Washington erloo, Iowa 50 319-433-1801	enter St.	k Services	
For alleg	ations involvi	ing nonstudents	, return this for	m to:		
		Chief Officer of Educa 151 Wate	gsley Botchway f Human Resou ation Service C 6 Washington erloo, Iowa 50 319-433-1800	urces & Equity enter St.	/	
	ator. If the c				be turned into buildin a written request for	
		Kin Chief Officer of	gsley Botchway f Human Resou		/	
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, 2/3/1	11, 2/7/19			