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): ________________________________
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