COMPLAINT FORM FOR ALLEGATIONS BY CITIZENS OF 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

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Age</td>
<td>Political Belief</td>
</tr>
<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>
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<tr>
<td>Physical/Mental Ability</td>
<td>Other-Please Specify</td>
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</tbody>
</table>

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:
     Marla Padget
     Executive Director of Student & At-Risk Services
     Education Service Center
     1516 Washington St. • Waterloo, Iowa 50702 • 319-433-1800

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

Cross Ref.:  103.1  Anti-Bullying/Harassment Policy for Students and Adults
            109.0  Complaints by Citizens
            402.4  Equal Employment Opportunity/Affirmative Action Policy
            403.51 Resolution Of Employee Complaints

ADOPTED:  11/13/00
          9/4/03
          9/2/05
          11/9/06
          5/1/08

Reviewed:  12/2/10, 2/4/16