COMPLAINT FORM FOR ALLEGATIONS BY STUDENTS, PARENTS/GUARDIANS, OR EMPLOYEES 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

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

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): ____________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

EXHIBIT

WATERLOO COMMUNITY SCHOOLS
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
           6/3/04
           9/2/05
           11/9/06
           5/1/08

Reviewed:  6/3/04, 9/2/05, 11/9/06, 5/1/08, 12/2/10, 2/4/16