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>Bullying/Harassment</th>
<th>Discrimination</th>
<th>Violation of District Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Political Belief</td>
<td>Number, title, or other description</td>
</tr>
<tr>
<td>Disability</td>
<td>Political Party Preference</td>
<td></td>
</tr>
<tr>
<td>Familial Status</td>
<td>Race/Color</td>
<td></td>
</tr>
<tr>
<td>Gender Identity</td>
<td>Religion/Creed</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>National Origin/Ethnic Background/Ancestry</td>
<td>Sexual Orientation</td>
<td></td>
</tr>
<tr>
<td>Physical Attribute</td>
<td>Socio-economic Background</td>
<td></td>
</tr>
<tr>
<td>Physical/Mental Ability</td>
<td>Other-Please Specify</td>
<td></td>
</tr>
</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:

Cora Turner, 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:

Dr. Beverly 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 Smith, Associate Superintendent for 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