

**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

Description of Policy

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

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 · 319-433-1800

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