COMPLAINT FORM FOR ALLEGATIONS OF HARASSMENT AND/OR DISCRIMINATION AND/OR VIOLATION OF DISTRICT POLICY
FOR USE WITH POLICIES 103.1, 402.4, 403.51, 503.3

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):

EXHIBIT
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: __________

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 Smith
Associate Superintendent for Human Resources & Equity/Affirmative Action Coordinator
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
402.4 Equal Employment Opportunity/Affirmative Action Policy
403.51 Resolution Of Employee Complaints
503.3 Student Grievance Policy

ADOPTED: 11/13/00
9/4/03
6/3/04
5/1/08

Reviewed: 6/3/04, 5/1/08, 12/2/10, 2/4/16

WATERLOO COMMUNITY SCHOOLS