

**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

<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

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

EXHIBIT