COMPLAINT FORM (Discrimination, Anti-Bullying, and Anti-Harassment)

Date of complaint:		
Name of Complainant:		
Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):		
Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)?		
Date and place of alleged incident(s):		
Names of any witnesses (if any): Nature of discrimination, hard	assment, or bullying alleged	(check all that apply):
Age	Physical Attribute	Sex
Disability	Physical/Mental Ability	Sexual Orientation
Familial Status	Political Belief	Socio-economic Background
Gender Identity	Political Party Preference	Other – Please Specify:
Marital Status	Race/Color	
National Origin/Ethnic		
Background/Ancestry	Religion/Creed	
In the space below, please d someone else has been disc specific as possible and atta	riminated against, harassed	, or bullied. Please be as
		

I agree that all of 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:

Sheena Canady
Director of Student Services
Education Service Center

1516 Washington St. • Waterloo, Iowa 50702 • 319-433-1801

For allegations involving nonstudents, return this form to:

Anthony Spurgetis

Chief Human Resources & Equity Officer 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:

Anthony Spurgetis Chief Human Resources & Equity Officer

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, 1/6/22