

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, harassment, or bullying alleged (check all that apply):

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

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

It is the policy of the Fort Dodge Community School District not to discriminate on the basis of race, creed, color, ancestry, age, gender, sex, sexual orientation, gender identity, national origin, disability, physical attributes, religion, political party preference, political belief, socioeconomic status, veteran's status, actual or potential parental, family or marital status in its programs, services, and employment practices. If you have questions or grievances related to this policy, please contact Dr. Stephanie Anderson, Director of Elementary Education, and Dr. Kirsten Doebel, Director of Secondary Education, Central Administration Office, 104 South 17th Street, Fort Dodge, IA 50501, 574-5678, or contact the Civil Rights Midwestern Division for U. S. Department of Education Office, 500 W. Madison Street, Suite 1475, Chicago, IL 60661-4544. (Alternate for Section 504 is Lynnae Harvey, Director of Special Needs, 574-5675). The District's Compliance Coordinator for Affirmative Action is Lisa Negus, who can be reached at 574-5657 or 104 South 17th Street, Fort Dodge, IA 50501. The District's Designated Investigators of Physical/Sexual Abuse of Students by School Employees are Dr. Stephanie Anderson, Director of Elementary Education, and Dr. Kirsten Doebel, Director of Secondary Education. They can be reached at 576-1161 or 104 South 17th Street, Fort Dodge, IA 50501. The alternate is Lynnae Harvey. She can be reached at 574-5675 or 104 South 17th Street, Fort Dodge, IA 50501. The District's Officers for Harassment Complaints and Allegations are Dr. Stephanie Anderson, Director of Elementary Education, and Dr. Kirsten Doebel, Director of Secondary Education. They can be reached at 576-1161 or 104 South 17th Street, Fort Dodge, IA 50501.