

**Learning Lodge Academy**  
**Equity and Civil Rights Compliance Complaint Instructions**  
**and Form**  
**For Employee or Applicant Discrimination, Harassment, or**  
**Bullying Complaint Form**

This form is to be used when an employee of Learning Lodge Academy or applicant for employment is filing a complaint alleging discrimination, unlawful harassment, or bullying. The complaint must be regarding an alleged violation of the Learning Lodge Academy Board policy for **Anti-Harassment or Nondiscrimination and Equal Employment Opportunity**.

If you believe you have been discriminated against or unlawfully harassed on the basis of one or more of the protected classes, including sex, gender, race, color, national/ethnic origin, religion, disability, marital status, genetic information, age, or any characteristic protected under Federal and/or Florida civil rights law, or you believe you have been bullied, you may complete this form and submit it to the Learning Lodge Academy Equity Officer.

The definitions below are provided to determine the nature of the alleged offense. If a complaint does not meet the definition of discrimination, unlawful harassment, or bullying, the complaint should not be brought to the Equity Officer.

**DEFINITIONS:**

**Discrimination:** The prejudicial treatment of an individual based on their actual or perceived membership in a protected class.

**Unlawful Harassment:** Any threatening, insulting, or dehumanizing gesture, use of data or computer software, or written, verbal or physical conduct directed against an employee on the basis of a protected class, which is sufficiently *severe, persistent, or pervasive* that it:

- A. Places an employee in reasonable fear of harm to his/her person or damage to his/her property;
- B. Has the effect of substantially interfering with an employee's work performance; OR
- C. Has the effect of substantially disrupting the orderly operation of the worksite or school.

**Bullying/Cyberbullying:** Systemically and chronically inflicting physical hurt or psychological distress on an employee through unwanted and repeated written, verbal or physical behavior, including any threatening, insulting, or dehumanizing gesture that:

- A. Is severe or pervasive enough to create an intimidating, hostile, or offensive work environment;
- B. Causes discomfort or humiliation; or
- C. Unreasonably interferes with the individual's work performance or participation.

**Incivility:** Low-intensity deviant behavior, not based on a protected class, with the ambiguous intent to harm the target. Uncivil behaviors are characteristically rude and discourteous, display a lack of regard for others and show a lack of respect for the target. Examples of incivility include making insulting comments, spreading false rumors, social isolation and abrasive communication.

**INSTRUCTIONS:**

Print the form on pages 3 – 6 and complete all sections. Be as specific as possible when discussing the incident(s). Include the date(s), location(s), the incident(s), the name(s) of the person(s) involved, and the name(s) of those who may have witnessed the incident(s). If additional space is needed, you may attach it to the form. Also attach any additional materials that may assist in the investigation process.

For questions regarding the complaint process and/or Complaint Report Form, please contact the Equity Officer at (727) 868-0067 or [jblossfield@learninglodgeacademy.com](mailto:jblossfield@learninglodgeacademy.com).

The complaint form should be mailed, emailed, or hand-delivered to:

Janet Blossfield  
Equity Officer  
Learning Lodge Academy  
10534 Little Road  
New Port Richey, FL 34654  
(727) 868-0067  
[jblossfield@learninglodgeacademy.com](mailto:jblossfield@learninglodgeacademy.com)

**Learning Lodge Academy**

**Equity and Civil Rights Compliance Complaint Instructions and Form**

**For Employee or Applicant Discrimination, Harassment, or Bullying Complaint Form**

***Please print.***

<b>COMPLAINANT INFORMATION</b>	
First and Last Name:	Date:
Phone:	Email:
Position:	
Supervisor:	

<b>Basis of Alleged Discrimination or Unlawful Harassment: (Check all that apply)</b>			
<input type="checkbox"/>	Race	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Color	<input type="checkbox"/>	Marital Status
<input type="checkbox"/>	National/Ethnic Origin	<input type="checkbox"/>	Disability
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Genetic Information
<input type="checkbox"/>	Bullying	<input type="checkbox"/>	Veteran Status
<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Retaliation
<input type="checkbox"/>	Age		Other _____
Date unlawful incident(s) allegedly took place:		Is the incident continuing?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>RESPONDENT INFORMATION: Person(s) allegedly discriminating/harassing/bullying the Complainant.</b>	
First and Last Name	Position
First and Last Name	Position
First and Last Name	Position

**COMPLAINT/ALLEGATION:** In the space below, please describe your complaint against the person(s) named above. Specifically, state how you were treated differently from others or how you were discriminated against, unlawfully harassed, or bullied on the basis of sex, race, color, national origin, religion, disability, marital status, genetic information, or any other characteristics protected by Federal and/or Florida civil rights law. **OR** describe the repeated behavior that has caused you physical hurt or psychological distress. Please include any actions, comments, or incidents that caused you to file your complaint. If additional space is needed, please attach additional pages to your complaint.

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**What steps, if any, have you taken to report and/or resolve the matter to this point?**

Reported to (First and Last Name)

Date of Report:

Describe how you reported your concerns (in-person, email, phone, etc.)

Explain the outcome of the report.

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**WITNESS INFORMATION:** Please identify person(s) who witnessed the alleged incident or have direct knowledge of the events that led up to the complaint. Attach additional names if needed.

First and Last Name:

Position:

Phone:

Relationship to you:

Email:

First and Last Name:

Position:

Phone:

Relationship to you:

Email:

First and Last Name:

Position:

Phone:

Relationship to you:

Email:

**How would you like Learning Lodge Academy to resolve your complaint? What solution/resolution/outcome would you like to see?**

Empty response area for the witness information question.

## AFFIRMATION AND AUTHORIZATION

(Must be signed by the complainant)

I authorize the Learning Lodge Academy Equity Officer, or designee, to contact the person(s) named by me in my complaint to attempt a resolution. I understand that Learning Lodge Academy may, at its discretion, contact other persons in the course of an investigation.

I understand that Learning Lodge Academy will maintain confidentiality to the extent permitted by law. I understand that during the course of the investigation it may be necessary to reveal my identity and other facts discovered in the inquiry to others, including but not limited to the respondent, a limited number of Learning Lodge Academy administrative staff, or persons who may have information or responsibility relevant to my complaint.

I also understand that once a finding is made and the investigation is inactive, the complaint record will become public record in accordance with Florida Statute Title X, Chapter 119, Public Records.

I agree to refrain from discussing the investigation with co-workers, students, and/or parents. However, I have the right to discuss the matter with a representative of my choosing, including representation of legal counsel.

I acknowledge that knowingly providing false information or providing information that I do not know to be true in this complaint or during the investigation will subject me to disciplinary action, up to and including termination.

I affirm that the information I have provided with regard to this complaint is true and accurate to the best of my knowledge.

By signing this complaint form, I affirm that, to the best of my knowledge, the information contained is true and factual. I also consent to the release of the information I have provided for the purpose of an investigation. I understand that the completion of this form or filing of a discrimination, harassment and/or retaliation complaint does not extend the time for filing a complaint with an outside agency or in a court of law.

Additionally, I understand that the effective date of filing this complaint is the date this form is physically received by the Learning Lodge Academy Equity Officer. I further understand that if I knowingly provide false or fraudulent information in a complaint, I may be subject to disciplinary action.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by (signature)

\_\_\_\_\_  
Date Received

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Learning Lodge Academy  
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(727) 868-0067  
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**A Discrimination or Harassment Complaint can be registered with the U.S. Department of Education Office of Civil Rights, U.S. Equal Employment Opportunity Commission, or the Florida Commission on Human Relations.**

An employee or applicant (also referred to as “claimant”) has the right to register a discrimination or harassment complaint with the U.S. Department of Education's Office for Civil Rights (OCR).

**U.S. Department of Education Office for Civil Rights (OCR)**

400 Maryland Avenue SW,  
Washington, DC 20202  
(800) 421-3481

For information on filing a complaint with OCR, go to:  
<https://www2.ed.gov/about/offices/list/ocr/index.html>

The OCR Office serving the State of Florida is:

U.S. Department of Education, Office of Civil Rights  
Atlanta Office  
61 Forsyth St. S.W., Suite 19T10  
Atlanta, GA 30303-8927  
(404) 974-9406  
FAX: (404) 974-9471  
Email: [OCR.Atlanta@ed.gov](mailto:OCR.Atlanta@ed.gov)  
Webpage: [https://ocrcas.ed.gov/contact-ocr?field\\_state\\_value=648](https://ocrcas.ed.gov/contact-ocr?field_state_value=648)

An employee claimant has the right to register a complaint with the federal Equal Employment Opportunity Commission (EEOC) and/or the Florida Commission on Human Relations (FCHR).

The EEOC investigates complaints of job discrimination based on race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, disability, age (40 or older), or genetic information.

**Equal Employment Opportunity Commission (EEOC)**

Tampa Office  
501 East Polk Street  
Suite 1000  
Tampa, Florida 33602  
(813) 710-9340

An employee complaint can be filed with the EEOC at <https://www.eeoc.gov/how-file-charge-employment-discrimination>.

**Florida Commission on Human Relations (FCHR)**

4075 Esplanade Way  
Room 110  
Tallahassee, Florida 32399  
(800) 488-7082

An employee complaint can be filed at <https://fchr.myflorida.com/employment>.

Any person aggrieved by an unlawful employment practice may file a complaint with FCHR.