

**Learning Lodge Academy**  
**Student Equity Complaint Form**

**Discrimination, Harassment or Bullying Complaint Report Form**

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Name of Student \_\_\_\_\_

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Name of Parent Filing Complaint on Behalf of Student \_\_\_\_\_

Date \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Preferred contact number \_\_\_\_\_

Email \_\_\_\_\_

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Address \_\_\_\_\_

**Check one:**

Student

Parent

**Alleged Discrimination: (Check all that apply)**

Race

Disability

Sexual orientation

Genetic information

Color

Age

National or ethnic origin

Religion

Sex

Bullying

Other \_\_\_\_\_

**Date alleged incident(s) took place:** \_\_\_\_\_

**Is the alleged action continuing:**  YES

NO

**Specific complaint:** Please provide detailed information including names, dates, places, and activities. Specifically, how were you treated differently from others or how you were discriminated against or unlawfully harassed, 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 bullying behavior that has caused you physical hurt or psychological distress. Please include any actions, comments, or incidents that caused you to file your complaint. **Attach additional pages, if necessary.**

**Read the information in the paragraph above. Then, describe your specific complaint.**

**Identify person(s) allegedly causing the discrimination/harassment/bullying. Include name(s), position(s), if applicable, and your relationship with this person.**

**List any individuals who witnessed the incident(s). Include the name and contact information, if known.**

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

**What solution/resolution/outcome would you like to see?**

By signing this complaint form, I affirm that, to the best of my knowledge, the information contained is true and factual. I consent to the release of the above information for the purposes of an investigation. I understand that the completion of this form or filing of a discrimination, harassment and/or bullying 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 Manager. 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

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

An oral complaint can be accepted by the LLA Equity Manager, teacher, principal, or other school staff member.

**A complaint related to educational programs and services can be filed online to the U.S. Department of Education, Office of Civil Rights, using the Office of Civil Rights electronic complaint form. For more information, go to <https://www2.ed.gov/about/offices/list/ocr/complaintintro.html>. Or request information from the Equity Manager.**