



# Learning Lodge Academy

Complaint Report  
Please fill out completely.

Your name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred contact number: (        ) \_\_\_\_\_

**Alleged discrimination or unlawful harassment based on: (check all that apply)**

Sex \_\_\_\_\_ Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin \_\_\_\_\_ Religion \_\_\_\_\_ Disability \_\_\_\_\_  
Marital status \_\_\_\_\_ Genetic Information \_\_\_\_\_ Other \_\_\_\_\_

OR

**Bullying**

Date unlawful incident(s) allegedly took place:

Earliest \_\_\_\_\_ Latest \_\_\_\_\_ Continuing? Y or N

Person(s) allegedly discriminating/harassing/bullying:

Name: \_\_\_\_\_

OR

**Dispute of a Learning Lodge Academy Policy and Procedure**

Policy/Procedure \_\_\_\_\_

OR

**Dispute with a Learning Lodge Academy Employee**

Employee's Name: \_\_\_\_\_

**Your complaint/allegation:**

Please describe your complaint against the person(s) named. 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.

**Suggested solution(s) to resolve the situation:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send with your child's planner **or** mail to Kerrie Cuffe, 5844 Pine Hill Road, Port Richey, FL 34668