EAST HILLS ACADEMY

TITLE IX EQUAL OPPORTUNITY

FORM FOR REPORTS OF HARASSMENT AND DISCRIMINATION

Name _____

Home Address _____

Work Address _____

Home Phone _____

Work Phone _____

I. Did the incident(s) involve:

Race_____ National Origin_____

Creed (Religion)_____ Age_____

Color_____ Disability_____

Sex_____ Other_____

(Check all that apply)

II. Your demographics: (Example: If you checked race or age, what is your race or age?)

Race_____ National Origin_____

Creed (Religion)_____ Age_____

Color_____ Disability_____

Sex_____ Other_____

Name of person you believe harassed or discriminated against you:
_____

Describe the incident(s) as clearly as possible, including such things as date, time, place, who, what, when, where:

STATEMENT

_____

_____

_____

(Attach additional pages, documents or other materials as necessary)

List any witnesses who were present or knowledgeable

_____

_____

_____

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

I understand that if this investigation reveals that I have knowingly provided false or misleading information, I may be subject to disciplinary action.

_____	_____	_____
Complainant's Signature	Printed Name of Complainant	Date Complaint Completed

_____	_____
Received By	Date Received

RETURN THIS FORM TO:

Leah Pittsinger (Principal/Title IX Coordinator)
East Hills Academy
lpittsinger@easthillsacademy.org
1001 E. Van Buren St.
Colorado Springs, CO 80907