

The Classical Academy  
Report of Discrimination or Harassment

**Reporter's Information**

Name of Reporter: \_\_\_\_\_

Grade (for students): \_\_\_\_\_ Campus: \_\_\_\_\_

Department (for staff): \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Status of Reporter:  Student  Staff  Teacher  Other: \_\_\_\_\_

Date of Report: \_\_\_\_\_

If the reporter is not the alleged victim, identify the alleged victim(s): \_\_\_\_\_

**Basis of Discrimination or Harassment**

Race  Color  Sex  Sexual Orientation  Religion  National Origin

Age (over 40)  Marital Status  Disability  Retaliation

**Offender's Information**

Name(s) of Alleged Perpetrators of Discrimination/Harassment: \_\_\_\_\_

Grade (for students): \_\_\_\_\_ Dept. (for staff): \_\_\_\_\_ Location: \_\_\_\_\_

Status of Alleged Perpetrator(s):  Student  Staff  Teacher  Other: \_\_\_\_\_

Relationship of Alleged Perpetrator(s) to Reporter: \_\_\_\_\_

Supervisor  Co-Worker  Teacher  Student  Classmate  Other: \_\_\_\_\_

**Description of Events**

Describe specific acts alleged with dates, times, and locations, if possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses**

Has anyone witnessed the alleged behavior?  Yes  No

If yes, please list the names and contact information, if you know them.

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**Reporter's Remedial Actions**

Did you take any action to stop the discrimination/harassment?  Yes  No

If yes, please summarize the action taken.

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**How would you like to see the situation resolved?**

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**Additional information or comments:**

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please send all correspondence to me at the following: \_\_\_\_\_

My preferred numbers for phone contact are: 1. \_\_\_\_\_ 2. \_\_\_\_\_

I was assisted in completing this form by: \_\_\_\_\_