**DISCRIMINATION, HARASSMENT, TITLE IX SEXUAL HARASSMENT, RETALIATION, AND OTHER PROHIBITED CONDUCT**

**REPORT FORM**

**Instructions**: If you have experienced, or if you have knowledge of, discrimination, harassment, Title IX sexual harassment, retaliation, and other prohibited conduct (i.e., bullying, cyberbullying, hazing) you are encouraged to use this form to report such conduct, so that school officials may investigate and respond to the allegations accordingly.

Complete the form, providing as much detailed information as possible so that the complaint may be properly investigated.

It is important that you report the facts as accurately and completely as possible and that you cooperate fully with the persons designated to investigate the complaint.

Criminal conduct should be reported to local law enforcement, and suspected abuse or neglect of a child should also be reported to ChildLine at 1-800-932-0313.

**Where to File:** Please submit this form to CCA’s Compliance Officer/Title IX Coordinator:

Roberto T. Datorre

Executive Vice President of Operations

Commonwealth Charter Academy

1 Innovation Way

Harrisburg, PA 17110

Phone: 717-710-3300

Email: compliance@ccaeducate.me

**Confidentiality:** Confidentiality of all parties, witnesses, the allegations and the filing of a report shall be handled in accordance with applicable law, regulations, Board policy, procedures, and CCA’s legal and investigative obligations.

**Retaliation Prohibited:** CCA, its employees, and others are prohibited from intimidating, threatening, coercing, or discriminating against you for filing this report. Contact the Title IX Coordinator immediately if you believe retaliation has occurred.

***NOTE:*** *A report does not initiate the formal Title IX Grievance Process.*

**Please print or type when completing this form.**

**Reporter Information:**

First Name:       Last Name:

Address:

Phone Number:       Email Address:

Status:

[ ]  Learner [ ]  Employee [ ]  Parent/Guardian [ ]  Other:

**Complainant (Victim) Information (if different from above):**

First Name:       Last Name:

The alleged victim is a:

[ ]  Learner [ ]  Employee [ ]  Other:

**Respondent (Accused) Information:**

First Name:       Last Name:

Address:

Phone Number:

Is this person a:

[ ]  Learner [ ]  Employee [ ]  Other:

**Basis of Complaint:** Please check the box(es) that most appropriately describes the incident. Check all that apply.

[ ]  Discrimination [ ]  Harassment [ ]  Title IX Sexual Harassment

[ ]  Retaliation [ ]  Bullying [ ]  Hazing

[ ]  Other:

**Details of the Complaint:**

Date of Incident:

Time of Incident:

Location(s) of Incident:

Describe the incident you are reporting as clearly as possible (attach additional pages, if necessary):

Is this the first incident?

[ ]  Yes [ ]  No

If no, how many times has it happened before?

Provide the names and contact information of anyone who may have witnessed the alleged conduct:

1) Name:       Contact Information:

2) Name:       Contact Information:

3) Name:       Contact Information:

Identify any evidence relating to your allegations. This could include pictures, video records, objects, text messages, voicemail messages, screen captures, emails, written communications, or any other item you have available for review.

Have you previously reported these allegations to anyone else at the school or law enforcement?

[ ]  Yes [ ]  No

If yes, please list the name(s) of the people and their positions with whom you have discussed the matter:

1) Name:       Position:

2) Name:       Position:

Provide any other information you believe would be helpful, including any outcome you are seeking through this process:

PLEASE ATTACH ANY STATEMENTS, REPORTS, FILES, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge. I understand that any false information provided herein is subject to penalties contained in 18 Pa. C.S.A. Sec. 4904, relating to unsworn falsification to authorities.

Signature of Person Filing This Report Date

Name (Printed)

Signature of CCA Official Receiving Complaint Date Received

**For Oral Reports:**

Did the Title IX Coordinator or CCA employee receive an oral report?

 [ ]  Yes [ ]  No

 If yes, was the oral report submitted in person or over the phone?

 Date/Time of Report:

Signature of Person Receiving Oral Report Date