



Report of Discrimination or Harassment at LCS

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on actual or perceived race, color, creed, religion, national origin, ancestry, citizenship status, age, sex or gender (including pregnancy, childbirth, pregnancy-related conditions, and lactation), gender identity or expression (including transgender status), sexual orientation, marital status, military service and veteran status, physical or mental disability, genetic information, or any other protected characteristic, in programs and activities receiving federal financial assistance.

Name and status (student, staff member, other) of Complainant:	
Parent/guardian of Complainant, if applicable	
Date of report:	
Name and title of employee receiving to report:	
Name, campus, and grade of individual allegedly harassed (if different from complainant):	
Name, campus, and grade of respondent (individual who allegedly engaged in discrimination or harassment):	

Describe the discrimination or harassment. Include specific dates, times, and locations wherever possible.

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Provide names of witnesses or possible witnesses to the harassment. Include grade level, job description, or other relevant information.

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Describe the impact of the harassment on the recipient. I.e., has it affected the student's ability to participate in classes, extracurriculars, or other aspects of school? Have there been emotional or physical impacts?

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If you have reported this to another person, please state to whom you reported the behavior and provide his/her contact information.

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If you reported to a Liberty Common employee, please state when, to whom, and what response you received.

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Please list below any evidence you believe is relevant. This could include audio or visual media, physical objects, online materials, text messages, voicemail messages, screen captures, emails, or any other item. Please include any information in the possession of the School, or the Respondent that may be helpful.

Please describe the outcome or remedy you seek at this time.

Please provide below your physical or digital signature.

Signature: _____

Name (printed): _____

Check one: Complainant Parent/Guardian Witness

Date: _____

If your complaint is found not to support a claim of discrimination or harassment under C.R.S. § 22-1-143, but would be proper under any other School policy, the School will notify you and proceed to consider your complaint under the proper policy.