

COEUR D'ALENE CHARTER ACADEMY

Title IX, Discrimination, and Bullying/Harassment Reporting Form

4904 N Duncan Drive, Coeur d'Alene, ID 83815 | cdacharter.org

This form is not a 911 or emergency service. If someone is in immediate danger, call 911.

This form is used to report incidents, concerns, or complaints regarding Title IX discrimination, general discrimination, or bullying/harassment.

- Title IX Discrimination may include, but is not limited to, discrimination associated with one's gender, sex, sexual orientation, gender identity, or gender expression.
- Discrimination may include race, color, religion, national origin, age, disability, veteran status, etc.
- Bullying/Harassment may include cyberbullying, discrimination, hazing, threats, or intimidation.

Note: Completion of this form does not constitute an open investigation. Once this form is received, an initial assessment will be conducted to determine whether the report rises to a level that warrants further investigation. Submit completed forms to the Title IX Coordinator below.

Title IX Coordinator: Angela Durick, Charter Administrator | adurick@cdacharter.org | 208-676-1667, ext. 307

* Denotes mandatory fields

BACKGROUND INFORMATION

To be completed by the individual submitting the report.

Full Name *				
Position / Title *	☐ Student	☐ Parent/Guardian	☐ Staff	☐ Other:
Email Address *				
Phone Number				
Remain Anonymous?	☐ Yes	☐ No	(Anonymous reports may limit the school's ability to respond.)	
Preferred Contact Method	☐ Phone	☐ Email		

INCIDENT INFORMATION

Report Type *	☐ Title IX	☐ Discrimination	☐ Bullying/Harassment
Date of Incident *			
Time of Incident *			
Location *	☐ On School Property	☐ Off School Property	
	☐ Online/Electronic	☐ School Activity/Event	
Specific Location *			

If Title IX, select the incident, concern, or complaint involved:

- | | | |
|---|---|--|
| ☐ Dating Violence | ☐ Domestic Violence | ☐ Hostile Environment |
| ☐ Program Equity | ☐ Quid Pro Quo (this for that) | ☐ Retaliation |
| ☐ Sex Discrimination | ☐ Sexual Assault | ☐ Sexual Harassment |
| ☐ Stalking | ☐ Unsure | |

What would you like to see happen?

--

DETAILS *

Provide a detailed description using specific, concise, and objective language (who, what, when, where, and how). Each individual listed as involved should appear in your description.

INVOLVED PARTIES

Involved Party 1

Individual or Organization	☐ Individual ☐ Organization
Name / Student ID	
Role	☐ Complainant ☐ Respondent ☐ Victim ☐ Witness ☐ Other:
Phone Number	
Email Address	

Involved Party 2

Individual or Organization	☐ Individual ☐ Organization
Name / Student ID	
Role	☐ Complainant ☐ Respondent ☐ Victim ☐ Witness ☐ Other:
Phone Number	
Email Address	

Involved Party 3

Individual or Organization	☐ Individual ☐ Organization
Name / Student ID	
Role	☐ Complainant ☐ Respondent ☐ Victim ☐ Witness ☐ Other:
Phone Number	
Email Address	

SUPPORTING DOCUMENTATION

Attach any supporting documentation that may provide additional context to the report (pictures, text messages, emails, screenshots, etc.). List attachments below:

--

ACKNOWLEDGEMENT OF CORRECT INFORMATION

I declare that the foregoing information is true and correct and I understand that there will be consequences for intentionally providing false information. I understand that neither I, nor anyone involved in the incident, are to retaliate against the other party. I also have the right not to be retaliated against by the other party involved in this incident. If I feel threatened in any way, or have concerns, I will contact the person in charge of this complaint. I hereby certify the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Signature *	
Printed Name *	
Date *	

FOR OFFICE USE ONLY

Date Received	
Received By	
Initial Assessment Completed	☐ Yes ☐ No Date:
Determination	☐ Investigation Opened ☐ Informal Resolution ☐ No Further Action ☐ Referred to:
Case Number	