

Hearts 2 Heal Training Institute LLC

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<http://hearts2heal4cnatraining.com>​

Complaint Policy

It is the policy of Hearts 2 Heal Training Institute LLC to maintain a learning environment that is free from harassment because of an individual’s race, color, sex, national origin or disability. It shall be a violation of policy for any student, teacher, administrator, or other school personnel of this program to harass a student through conduct of a sexual nature, or regarding race, color, national origin or disability, as defined by this policy.

Any student who believes he or she has been the victim of sexual harassment or harassment based on race, color, national origin, or disability by a student, teacher, administrator or other school personnel of Hearts 2 Heal, or by any other person who is participating in, observing, or otherwise engaged in activities, including sporting events and other extra curricular activities, under the auspices of Hearts 2 Heal, is encouraged to immediately report the alleged acts to an appropriate program official designated by this policy and complete a complaint form below.

Hearts 2 Heal will act to promptly investigate all complaints, either formal or informal, verbal or written, of harassment because of race, color, sex, national origin, or disability; to promptly take appropriate action to protect individuals from further harassment; and, if it determines that unlawful harassment occurred, to promptly and appropriately discipline any student, teacher, administrator or other school personnel who is found to have violated this policy, and/or to take other appropriate action reasonably calculated to end the harassment.

*\*Student complaints must be submitted in writing to the Board* (Section 85(i)(1) of the Act).  Information about the complaint may be submitted online through the IBHE website ([www.ibhe.org](http://www.ibhe.org/)).  Additional information regarding the complaint process can be obtained by contacting the Board at:

Illinois Board of Higher Education

Division of Private Business and Vocational Schools

1 N. Old State Capitol Plaza, Suite 333

Springfield IL 62701

Phone Number:  (217) 782-2551

Fax Number: (217) 782-8548



REPORT FORM FOR REPORTS OR COMPLAINTS OF SEXUAL HARASSMENT, AND HARASSMENT BECAUSE OF RACE, NATIONAL ORIGIN, AND DISABILITY

Complainant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of alleged incident(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the incidents involve sexual harassment \_\_\_\_\_racial harassment\_\_

harassment because of national origin \_\_\_\_harassment because of disability \_\_\_

(circle all that apply)

Name of person you believe harassed you or another

person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the alleged harassment was toward another person, identify that other person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any physical contact was involved. Attach additional pages as necessary. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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When and where did the incident occur?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any witnesses who were present:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This complaint is based upon my honest belief that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (complainant’s signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(received by) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)



HEARTS 2 HEAL POLICY AGAINST SEXUAL HARASSMENT, AND HARASSMENT BASED UPON RACE, NATIONAL ORIGIN, AND DISABILITY

1. Everyone at \_\_HEARTS 2 HEAL CNA & CPR TRAINING LLC has a right to feel respected and safe. Consequently, we want you to know about our policy to prevent sexual harassment, and harassment because of race, national origin, and disability.

2. A harasser may be a student or an adult. Harassment may include the following when related to sex, race, national origin, or disability: a. name calling b. pulling on clothing c. graffiti d. notes or cartoons e. unwelcome touching of a person or clothing f. offensive or graphic posters or book covers; or g. violent acts

3. If any words or actions make you feel uncomfortable or fearful, you need to tell a teacher, counselor, the principal or the Human Rights officer.

4. You may also make a written report. It should be given to a teacher, counselor, the principal or the Human Rights officer.

5. Your right to privacy will be respected as much as possible.

6. We take seriously all reports of sexual harassment, and harassment based upon race, national origin, and disability, and will take all appropriate action to investigate such claims, to eliminate that harassment, and to discipline any persons found to have engaged in such conduct.

7. The School District will also take action if anyone tries to intimidate you or take action to harm you because you made such a report.

8. This is a summary of this district’s policy against sexual harassment, and harassment because of race, national origin, and disability.

A complete copy of the policy is available at the office upon request. SEXUAL HARASSMENT AND HARASSMENT BASED ON RACE, NATIONAL ORIGIN, AND DISABILITY ARE AGAINST THE LAW.

\*Hearts2Heal CNA & CPR Training LLC is approved to operate by the Private Business and Vocational Schools Division of the Illinois Board of Higher Education.

Direct complaints to The Illinois Board of Higher Education, 1 N Old State Capital Plaza Suite 333. Springfield, Il. 62701-1377. Or IBHE online complaint system (<http://complaints.ibhe.org/>)

Hearts2Heal CNA & CPR Training LLC is not accredited by the U. S Department of Education recognized accrediting body.