

Frederick County Public Schools

PERSONNEL

Complaint of Discrimination/Prohibited Harassment and/or Retaliatory Conduct Form

Please complete the form to the best of your ability.

Today's Date: _____

Name of Complainant: _____

School Name: _____

Phone Number: _____

E-mail: _____

Preferred Method of Contact: Phone E-mail Other: _____

Title: Student Employee Volunteer Guest/Other _____

Incident Date: _____

Incident Time: _____

Incident Location:
 School Building
 School Grounds
 School Activity
 Off Campus
 School Sponsored
Event

Type of Incident:
 Discrimination
 Harassment
 Violence
 Retaliation

Basis for Complaint:
 Race Sex
 Color Gender
 National Origin Gender Identity
 Age Disability
 Religion Veteran Status

 Political Affiliation Marital Status
 Sexual Orientation Pregnancy/Parenting

Specific Location: _____

Name of person you believe harassed/discriminated against you (Respondent): _____

School Name: _____

Title: Student Employee Student Volunteer Guest/Other _____

Phone Number: _____

E-mail: _____

Witness 1: _____

School Name: _____

Title: Student Employee Student Volunteer Guest/Other _____

Phone Number: _____

E-mail: _____

Frederick County Public Schools

PERSONNEL

Complaint of Discrimination/Prohibited Harassment and/or Retaliatory Conduct Form (continued)

Witness 2: _____ **School Name:** _____

Title: Student Employee Student Volunteer Guest/Other _____

Phone Number: _____ **E-mail:** _____

Witness 3: _____ **School Name:** _____

Title: Student Employee Volunteer Guest/Other _____

Phone Number: _____ **E-mail:** _____

Description of Incident (this can be brief; a full statement will be taken by the investigator):

Signature of Complainant: _____

Date: _____

Complaint Received By: _____

Date: _____

Cross Reference(s):

- Policy 429P, Students- Prohibition Against Harassment and Retaliation
- Policy 506P, Personnel- Prohibition Against Harassment and Retaliation