

Frederick County Public Schools

PERSONNEL

**Complaint Of Harassment/Discrimination Form**

**COMPLAINT OF HARASSMENT/DISCRIMINATION FORM**

Name of Complainant: \_\_\_\_\_

For students, school attending: \_\_\_\_\_

For employees, position: \_\_\_\_\_

Address and phone number: \_\_\_\_\_

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

Name of person(s) you believe harassed you or others: \_\_\_\_\_

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

Please describe in detail the incident(s) of alleged harassment, including where and when the incident(s) occurred. Please note any witnesses that may have observed the incident(s). Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any past incidents that may be related to this complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I certify that the information provided in this report is true, correct, and complete to the best of my knowledge.

Frederick County Public Schools

**PERSONNEL**

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**Complaint Of Harassment/Discrimination Form (continued)**

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complaint received by

\_\_\_\_\_  
Date

(Principal, Compliance Officer, or Other)

Frederick County Public Schools' Policy 506 (Employees) and Policy 429 (Students)

9/10

Adopted: July 3, 2018