

Frederick County Public Schools

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
- Color
- National Origin
- Age
- Religion
- Political Affiliation
- Sexual Orientation
- Sex
- Gender
- Gender Identity
- Disability
- Veteran Status
- Marital Status
- 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: _____

Witness 2: _____ School Name: _____

Title: Student Employee Student Volunteer Guest/Other _____

Phone Number: _____ E-mail: _____

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

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:** _____

Signature of Parent (If Complainant is a Student): _____ **Date:** _____

Complaint Received By: _____ **Date:** _____

Related Policies:

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