



Discrimination & Harassment

Employees / Applicants / Community Members

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form #309F
[Policy 309](#)
October 2023

Clear Form

<p>RETURN COMPLETED FORM TO: Director of Human Resources/Title IX Coordinator Email: EEO-TitleIX@fcps.org Frederick County Public Schools 191 South East Street Frederick, MD 21701 301-644-5081</p>

SECTION 1: PERSON REPORTING INCIDENT CONTACT/PERSONAL INFORMATION

Name		Best Contact Number	
Address			
Email Address		Preferred Contact Method	<input type="checkbox"/> Phone <input type="checkbox"/> Address <input type="checkbox"/> Email Address
Best Time to Reach You			
Check one:	<input type="checkbox"/> Employee	<input type="checkbox"/> Applicant	<input type="checkbox"/> Community Member

SECTION 2: REPRESENTATIVE INFORMATION

Do you have a representative? (i.e. legal counsel or union representative, if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Representative's Name		
Representatives Address		
Representatives Phone Number		
Representatives Email Address		

SECTION 3: PERSON REPORTING INCIDENT INFORMATION

You are alleging discrimination/harassment or prejudicial behavior as an individual or on behalf of a group based on the following: (check all that apply)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender Expression |
| <input type="checkbox"/> Racism | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Color | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Retaliation [1] |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender Identity | |

[1] Title VII of the Civil Rights Act prohibits retaliation against an individual for filing a charge of discrimination, participating in an investigation, or opposing discriminatory practices.

SECTION 3: PERSON REPORTING INCIDENT INFORMATION continued

Please explain what happened to you (may use additional pages if necessary). Attach any supporting documents to your complaint.

Date(s) on which behavior occurred:		
Location(s) where behavior occurred:		
Name of the individual who committed the discrimination/harassment or prejudicial behavior:		
Were there witnesses to the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Witnesses Names/Contact Information		

SECTION 4: REQUESTED REMEDY

Please explain how you would like to see this complaint resolved (may use additional pages if necessary).

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Signature: _____ **Date:** _____

Please be aware that the information you provide is considered confidential and will be shared only with those persons who are considered essential to the investigation and disposition of this complaint or have a legitimate right to the information to ensure due process rights. It is the expectation of the Board of Education of Frederick County that those who file a complaint will cooperate in the investigation process.

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