

Title IX Discrimination Formal Complaint

Frederick County Public Schools 191 South East Street Frederick, Maryland 21701 FCPS Form 116F
Policy 116
February 2023

Clear Form

Title IX of the Education Amendments of 1972 (20 U.S.C. 1681) is a federal law that prohibits discrimination based on sex of individuals in educational institutions that receive federal financial assistance. When a formal complaint has been filed, the Title IX Coordinator will ensure FCPS responds to the complaint. Information about the district's Title IX grievance process will be provided to the Complainant and Respondent.

- COMPLAINANT: An individual who is alleged to be the victim of sexual harassment.
- **RESPONDENT:** An individual who is alleged to be the perpetrator of sexual harassment.
- **FORMAL COMPLAINT:** A document filed by a Complainant (or parent/guardian) and/or signed by the Title IX Coordinator alleging sexual harassment against a Respondent and requesting that the school district investigate the allegation.

Written complaints should be mailed to the address provided below or emailed to **EEO-TitleIX@fcps.org** In your correspondence, please include:

- The complainant's name, address, and telephone number where the complainant should be reached during business hours;
- Information about the person(s) injured by the alleged sexual harassment;

COMPLAINANT DEDOCMAL INCODMATIC

- The name and location of the FCPS school/office where the alleged sexual harassment occurred; and
- A description of the alleged sexual harassment in sufficient detail to enable FCPS to understand what occurred and when the incident happened.

COMPLAINANT PERS	SONAL INFORMATIO	N
First Name:		_ Last Name:
Email:		_
Home Address:		
		Mobile Phone:
Student ID:	School/Camp	us:
Employee ID:	Job Title:	
Employee's School/Offic	ce Location:	
TYPE OF COMPLAINT		
Discrimination based on	: (Check all that apply)	
☐ Sexual Harassment [☐ Sexual Assault ☐ (Gender Based Harassment 🔲 Dating Violence 🔲 Stalking 🔲 Retaliation
☐ Cyber Bullying ☐ Oth	ner:	
RESPONDENT INFORM		
Incident Occurred:		
Earliest Date	Latest Date	Continuing Action
Please list the individua	al(s) alleged to have e	ngaged in sexual harassment/prohibited conduct.
(Name, School/Departr	ment)	
Witness Name:		Relationship to you:
Phone Number:		Email Address:
Witness Name:		Relationship to you:
Phone Number:		Fmail Address:

SIGNATURES Your Name Printed	У	ORMATION ABOVE IS TRUE AND COME Your Signature Date_	Date
	☐ I CERTIFY THE INFO	DRMATION ABOVE IS TRUE AND CO	RRECT
Name:			
		☐ Law Enforcement Agency	Date:
		☐ Law Enforcement Agency	
concerns:	☐ District Employee	Dyees, or law enforcement agency t ☐ Law Enforcement Agency	
Phone Number:		Relationship to you:Email Address:	
Phone Number:	1	Relationship to you: Email Address:	
,	esses to this matter?	□No or those who have knowledge of the	incident(s).
		t. (Identify: Who, What, When, and V	

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.

> **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