



Montgomery County
Public Schools

REPORT OF DISCRIMINATION/HARASSMENT/ABUSE

Name of Complainant (*First, MI, Last, Suffix*)

Check One: Student Employee

Home Address and Phone #:

If Student: School Attending: _____ Grade: _____

If Employee: Position: _____ Location: _____

Date(s) of Alleged Incident(s) of Discrimination/Harassment/Abuse:

Name of person(s) you believe discriminated against/harassed/abused you or others:

If the alleged discrimination/harassment/abuse was toward another, please identify that person:

Please describe, in detail, the incident(s) of alleged discrimination/harassment/abuse, including where and when the incident(s) occurred. Please name 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.

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

Signature of Complainant

Date

Complaint received by (Principal/Supervisor)

Date

Compliance Officer

Date

http://policy.mcps.org/Discrimination_Report.htm

REV: 06/2015