

MONTGOMERY COUNTY PUBLIC SCHOOLS**Discrimination, Harassment, and
Workplace Bully Complaint**

Office of Human Resources and Development (OHRD)
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS

Employees are encouraged to use the electronic or PDF versions of this form when making a complaint of discrimination, harassment, or workplace bullying under MCPS Regulations ACA-RA: *Nondiscrimination, Equity, and Cultural Proficiency* and/or ACH-RA: *Workplace Bullying*. The electronic version of this form is found online: www.montgomeryschoolsmd.org/departments/forms/detail.aspx. Forms can be emailed to DCI@mcpsmd.org.

Employees should complete all sections of this form. Be specific as possible when discussing the incident(s). Include the date(s), description(s), the name(s) of the person(s) involved, and the name(s) of those who may have witnessed the incident(s). In addition to this form, you are permitted to attach additional materials, which may assist in the investigation process.

Questions about complaints of discrimination, harassment, or workplace bullying may be directed to the Department of Compliance and Investigations (DCI) at 240-740-2888.

EMPLOYEE INFORMATION

Name: Last _____ First _____ MI _____

Today's Date: ___/___/___ Employee ID# _____ Preferred Phone: ___-___-___

Work Location: _____ Email: _____

Name of Offending Person(s) _____

Complaint Type: Discrimination Harassment Workplace Bullying

Complaint of Discrimination/Harassment Only: Select basis.

- | | | | |
|-------------------------------------|--|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sex, Sexual Orientation, Pregnancy | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Race | <input type="checkbox"/> Veteran Status |

When did the incident(s) occur? (Include all dates if there are multiple instances)

Where did the incident(s) occur? (Include specific location information)

Describe what happened (events, impact, and outcome). (Attach any additional pages or documentation as needed)

What remedy do you seek?

LIST OF WITNESSES

Name: _____ Relationship to You: _____

Phone Number: ____-____-____ Email _____

Have you spoken to them about the incident? Yes No

Name: _____ Relationship to You: _____

Phone Number: ____-____-____ Email _____

Have you spoken to them about the incident? Yes No

CONFIDENTIALITY AND PROTECTION OF INFORMATION

All information in this form shall remain confidential to the fullest extent possible and will only be disclosed as necessary to progress with the intake and investigation of the complaint.

SIGNATURES

I agree that by typing my name and today's date below, and submitting this form by electronic mail, I am intending that the below constitutes and is the equivalent to my personal signature.

Signature _____ Date ____/____/____