



**SEXUAL DISCRIMINATION, SEXUAL HARASSMENT,  
SEXUAL MISCONDUCT REPORTING FORM**

**--FORM FOR USE BY EMPLOYEES AND THIRD PARTIES--**

The Board of Education of Howard County is committed to providing an educational and work environment that is free from all forms of sexual discrimination. Sexual discrimination includes sexual harassment, sexual assault and sexual violence. If you believe you have experienced or witnessed sexual discrimination the matter will be promptly investigated in accordance with HCPSS Policy 1020. Return the form to your supervisor or the Title IX Coordinator in the Office of Equity Assurance.

**A. Background Information**

Name: \_\_\_\_\_

School/Office: \_\_\_\_\_ Job Title: \_\_\_\_\_

(Third Party) Position/Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**B. Person(s) who you allege committed the sexual/discrimination harassment:**

Name: Position, Title, or Other Descriptor (e.g. Volunteer):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**C. Witness(es) to the incident(s):**

Name: Position, Title, or Other Descriptor (e.g. Volunteer):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**D. Complaint Summary** (Please be as detailed as possible. Include dates, locations, as well as the specific concerns. Use additional paper if needed.)

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**E. Additional Relevant Information** (Prior history of behavior, etc.)

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please be aware that the information you provide is considered confidential to the extent possible and will be shared only with those persons who are considered essential to the investigation and resolution of the complaint.*

**Return completed form to your supervisor or to the Office of Equity Assurance.**

**Office of Equity Assurance**  
**Phone: 410-313-6654**