



SEXUAL Discrimination (Harassment)COMPLAINT 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 sexual discrimination. Sexual discrimination includes sexual harassment, sexual assault and sexual violence and is characterized as unwelcome conduct of a sexual nature. If you believe you have experienced or witnessed sexual discrimination, complete this form and the matter will be promptly investigated. 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: _____

Male

Female

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. _____

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

Office of Equity Assurance

Phone: 410-313-6654

Fax: 410-740-1645

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