Baltimore City Public Schools

Student Discrimination Reporting Form

(JBA-RA Form 1)

This reporting form is in accordance with the Board’s Policy JBA (Non Discrimination-Students) and the associated Administrative Regulation (JBA-RA). City Schools takes incidents of discrimination and harassment seriously and encourages anyone who experiences such behavior to report it. Unless the acts of discrimination or harassment are continuing, complaints must be filed within 180 days of when it occurred.

DIRECTIONS: If you are student or the parent/guardian of a student who has been subjected to discrimination or harassment by a City Schools’ employee or third party (i.e. teacher, principal, assistant principal, coach, volunteer, etc.), please carefully complete this form in its entirety and send directly to: Attn: EEO Manager, 200 E. North Avenue, Room 208, Baltimore, MD 21202, (410) 396-8542 (phone), (410) 396-2955 (fax).
Email: EEO-TitleIXCompliance@bcps.k12.md.us

*PLEASE PRINT OR TYPE ALL INFORMATION*

Today’s Date: __________ / _________ / _________

Month Date Year

School Name: __________________________________________

School Number: __________________________

CONTACT INFORMATION FOR PERSON REPORTING INCIDENT

Name (First and Last): ________________________________

Mailing Address: ______________________________________

__________________________________________________________________________________

Telephone: _______________________________________

Email Address: ______________________________________

__________________________________________________________________________________
Place an X in the appropriate box:

- Student
- Parent/Guardian

DATE OF INCIDENT: __________ / __________ / _________

Is Discrimination or harassment continuing? Yes (   ) No  

1. **BASIS FOR DISCRIMINATION**

You were discriminated against because for your (please check all that apply):

- ___Race
- ___Sexual Orientation
- ___Retaliation
- ___Color
- ___Gender Identity
- ___Ancestry/National Origin
- ___Gender Expression
- ___Religion
- ___Marital Status
- ___Sex
- ___Disability

2. **INFORMATION ABOUT ALLEGED PERPETRATOR**

Please indicate the name and title of each person that you believe has discriminated against you.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>School/Office</th>
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<tbody>
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3. **INFORMATION ON AVAILABLE WITNESSES**

If anyone witnessed the incident(s) of discrimination, please provide their name, title, contact information and, a description of what was witnessed.

- No witnesses available

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Information</th>
<th>What was witnessed?</th>
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4. **NARRATIVE OF INCIDENT**

Please provide all the relevant details about what happened. This will include, but is not limited to, the exact location and details of what happened as well as any steps taken after the incident, (i.e. did you complain to anyone, was any further action taken, etc.). If you require more space, please attach additional sheets of paper.