Complaint of Discrimination or Harassment

Prince William County Public Schools “Code of Behavior” states, “Words, gestures, symbols, actions, or physical contact which offend, intimidate, threaten, or persecute others will not be tolerated.” The principal and staff of this school are committed to enforcement of the “Code of Behavior” and will respond promptly and appropriately to complaints of harassment or discrimination. Any student can file a complaint by talking to an administrator and/or completing this form and returning it to an assistant principal or principal.

PART I: COMPLAINANT

Name

Student’s Race/National Origin _____ Student’s Sex _____ Grade Level _____

Address

Parent(s)/Guardian(s) Name

Parent(s)/Guardian(s) Address, if different from student’s

Telephone

Parent’s Work Home

School

Teacher or Administrator’s Name

PART II: JURISDICTION

Check below why you believe you were harassed or discriminated against based on your membership in a protected category. Check all that apply.

1. Is this complaint based on sexual harassment? If YES, skip to Part III

   ____ YES
   ____ NO

2. Basis of Complaint:

   ____ Race ____ Disability
   ____ Color ____ Marital Status
   ____ National Origin ____ Religion
   ____ Sex ____ Retaliation
   ____ Pregnancy ____ Other
PART III: ALLEGED DISCRIMINATION OR HARASSMENT

1. List the name(s) of person(s) you are accusing of violating the School Division’s nondiscrimination and harassment policies.

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<th>Position</th>
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2. Describe what happened – include date, time, and location for each incident whenever possible.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If additional space is needed, please add additional paper and attach to form.

3. What actions, comments, etc., led you to believe that the discrimination or harassment occurred because of your membership in a protected category as you indicated in Part II of this form?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If additional space is needed, please add additional paper and attach to form.
4. If applicable, please provide the name(s) or any similarly situated student(s) or employee(s) who you believe behaved in the same manner as you, but received different treatment.

If additional space is needed, please add additional pages and attach to this form.

5. List all witnesses or people who can verify your charges.

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If additional space is needed, please add additional pages and attach to this form.

PART IV: RESOLUTION OF COMPLAINT

What actions do you think should be taken to resolve your complaint?

I attest that the information in this complaint is true and accurate to the best of my recollection. I agree to fully comply with the investigative process.

Student Signature ___________________ Date ____________

Parent’s Signature ___________________ Date ____________
Mail, email, or fax to the appropriate Level Associate Superintendent:

c/o Office of the Superintendent
Prince William County Public Schools
P.O. Box 389
Manassas, Virginia 20108
Facsimile 703.791.7309