

**HOW TO FILE A COMPLAINT OF DISCRIMINATION or HARASSMENT
with
Fairfax County Public Schools**

**INSTRUCTIONS
for
PARENT and STUDENTS**

It is the intent of Fairfax County Public Schools (FCPS) to be in compliance with federal, state, and local laws regarding equal opportunity, fair employment practices, and nondiscrimination. We are committed to elimination of bias, prejudice, and discrimination based on race, sex, color, religion, national origin, disability, and age (under certain conditions) against students and employees.

If you believe that you have been discriminated against, harassed or treated unfairly, you may report your concerns to your program manager or the FCPS **Office of Equity and Compliance (OEC)** at **571-423-3050**. While FCPS does not have a time limit on lodging a complaint, the federal Office of Civil Rights in the U.S. Department of Education requires that you file within 180 days of the alleged incident.

If you desire to file a complaint of discrimination, harassment, or unfair treatment with the FCPS Office of Equity and Compliance, you may use the following form or send a letter that includes the requested information. The completed form or letter should be signed and mailed to the **Office of Equity and Compliance (OEC), 8115 Gatehouse Road, Suite 2100, Falls Church, VA 22042** or you may **fax** it to **571-423-3057**. Please do not send it by e-mail.

Every written complaint received by the OEC will be investigated, as well as all reports and rumors of sexual harassment. An investigation includes record reviews and interviews with witnesses. You will be asked to provide names of persons who can verify significant aspects of the case. The person you are complaining against will also be given the opportunity to provide witnesses. The OEC will interview those persons whom we anticipate can contribute relevant information to the investigation. We may discuss the case with various administrators as necessary. Information from the investigation is kept confidential except to the extent that limited disclosure may be necessary in order to conduct a full and fair investigation, allow the accused to respond, take remedial action, or answer a governmental or court inquiry.

Retaliation against anyone lodging a complaint is strictly prohibited.

**COMPLAINT FORM
for
STUDENTS AND PARENTS**

OFFICE OF EQUITY AND COMPLIANCE
Fairfax County Public Schools
8115 Gatehouse Road, Suite 2100, Falls Church, VA 22042

Phone: 571-423-3050 FAX: 571-423-3057

PART I: COMPLAINANT

Name _____

Student's race _____ Student's sex _____ Grade level _____

Address _____

Parent's Name _____

Parent's address if different from student's _____

Telephone _____
Home Parent's work

School _____

Teacher or Administrator's Name _____

PART II: EQUITY AND COMPLIANCE JURISDICTION

Check all that apply

1. Basis of complaint:

Race	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Sex	<input type="checkbox"/>	Marital Status	<input type="checkbox"/>
Age	<input type="checkbox"/>	Color	<input type="checkbox"/>
Religion	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>
National Origin	<input type="checkbox"/>	Retaliation	<input type="checkbox"/>
Sexual Harassment	<input type="checkbox"/>	None of the above	<input type="checkbox"/>

2. Personnel action at issue:

Placement	<input type="checkbox"/>	Promotion/Demotion	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	Discipline	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	Activities	<input type="checkbox"/>
Expulsion	<input type="checkbox"/>	School Policy	<input type="checkbox"/>
School Environment	<input type="checkbox"/>	Curriculum	<input type="checkbox"/>

4. Please provide the name(s) of any similarly situated students(s) who you believe did the same thing(s) that you were cited for, but received different treatment.

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

Name	School or Location	Position	Work Phone

Are there more witnesses? No Yes (We will contact you if necessary)

PART IV: RESOLUTION OF COMPLAINT

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

Student's signature

	Date
--	------

Parent's signature

	Date
--	------

Mail or fax to: (E-mailed forms cannot be accepted.)

OFFICE OF EQUITY AND COMPLIANCE
Fairfax County Public Schools
8115 Gatehouse Road, Suite 2100
Falls Church, VA 22042
or
FAX: 571-423-3057



OEC Office Use Only