



Complaint of Alleged Discrimination

Please complete every appropriate item and submit as soon as possible after the incident of alleged discrimination or harassment to:

Department of Human Resources
Office of Employee Relations (OER)
8115 Gatehouse Road, Suite 2500, Falls Church, VA 22042
Phone: (571) 423-3070 Fax: (571) 423-5051

- A complaint must be filed **within 1 (one) year of the event** that is the subject of the complaint.
- Please **print clearly** all requested information.
- Attach additional pages and supporting documentation if necessary.
- Anonymous complaints will not be accepted.

Check One: Employee Student Parent Applicant for Employment

Name _____ Title _____

Student Name (if complaint is being filed by parent) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Employee ID Number _____ School/Work Location _____

E-mail Address _____

Evaluator's Name (for employee complaints only) _____

1. Check below why you believe you were discriminated against.

- | | |
|---|---|
| <input type="checkbox"/> Age (40+ at time of incident) | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Race | <input type="checkbox"/> Retaliation*(for complaint) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Ethnicity/National Origin/Nationality |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic Information (only applies to incidents after 11/21/09) |
| <input type="checkbox"/> Marital Status | |
| <input type="checkbox"/> Gender/Sexual Harassment/Pregnancy | <input type="checkbox"/> None of the above** |

* Retaliation is defined as adverse action taken in response to an individual's participation in a protected activity. A protected activity is opposing discriminatory action (e.g. filing a complaint, etc.) or participating in a discrimination-related proceeding.

** EER investigates complaints related to specific types of discrimination prohibited by federal, state, or local law. If you believe you were discriminated against for a reason other than any of the categories listed above, an investigation will not be conducted. However, if your concern is related to compliance with other policy-related actions, the EER will do its best to direct you appropriately. For information about filing a grievance, please call (571) 423-3252 or see FCPS Regulations [4461](#), [4462](#), and [4465](#).

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2. Name(s)/Title(s)/Location(s) of person(s) you believe discriminated against you.

Name _____ Title _____ Location _____

Name _____ Title _____ Location _____

Name _____ Title _____ Location _____

3. Date(s) on which alleged act(s) of discrimination occurred:

1st occurrence happened from _____ to _____

2nd occurrence happened from _____ to _____

4. Where did it take place?

5. Explain what happened.

(Cite names and evidence if any, and attach extra pages if needed)

6. If you believe you were treated differently than others, please provide the name(s) of those treated differently, what the difference in treatment was, and the contact number for the individual receiving different treatment.

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7. List witnesses or people who can verify your allegations.

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

If you have any records that verify or relate to your complaint, please attach them to this form.

FCPS offers mediation as an alternative method to resolve disputes.

In appropriate cases, FCPS offers mediation as a voluntary and confidential process where trained impartial mediators facilitate a conversation in a secure and relaxed environment. Individuals are given an opportunity to express feelings and frustrations, develop improved communication, and reach their own cooperative resolutions. Participants are given a chance to leave with a WIN-WIN solution.

Would you be willing to consider mediation in an attempt to resolve this issue? Yes No

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.

Signature _____ Date _____

Save the completed form. Click on the "Submit Form" button below to attached and submit your form to OER@fcps.edu.

You will be contacted by a member of our staff within 5 business days to schedule an appointment to discuss your concerns. If you have not heard from OER within this time frame, please call (571) 423-3070.

Complaint forms in additional languages are available upon request.

This form supersedes all previously published forms. All complaints require completion of this form. Any other form will not be accepted.

Submit Form