



AP 0104 FORMAL COMPLAINT FORM

The purpose of this AP 0104 formal complaint form is to gather the essential information of alleged sex discrimination to reach a prompt and equitable resolution to remedy the alleged violation(s). This form only applies to complaints alleging discrimination prohibited by AP 0104 including sexual harassment, sexual assault, dating violence, domestic violence, stalking, and retaliation.

INSTRUCTIONS: Individuals alleging a violation of AP 0104 and requesting a formal investigation be initiated are required to complete, sign, and submit this formal complaint form as soon as possible to the Equity Assurance Office after the occurrence of the alleged discrimination. If you have any questions, please contact the Title IX Coordinator.

TITLE IX COORDINATOR INFORMATION:

Paulette Walker
Equal Opportunity Employment Administrator/Title IX Coordinator
14201 School Lane
Upper Marlboro, MD 20772
301-952-6156
Equity@pgcps.org

Today's Date: _____

COMPLAINANT INFORMATION

First Name:

Last Name:

What is your relation to PGCPS?

- PGCPS Student
- PGCPS Parent/Guardian
- PGCPS Employee
- Prospective Employee
- Prospective Student
- Other: _____

Telephone Number: _____

Email Address: _____

Home Address: _____

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE REGARDING YOUR COMPLAINT BELOW

SECTION A: PARTY INFORMATION

1. What is the first and last name of the alleged victim?

2. What is the alleged victim's relation to PGCPS?

PGCPS Student

PGCPS Parent/Guardian

PGCPS Employee

Prospective Employee

Prospective Student

Other: _____

3. If the alleged victim is a PGCPS student or prospective PGCPS student, what is the grade of the alleged victim? _____

4. What PGCPS school is the alleged victim affiliated with? _____

SECTION B : WHAT HAPPENED?

5. What is the first and last name of the person who is believed to have committed the Title IX offense? _____

6. How do you know the person(s) who is believed to have committed the Title IX offense?

7. Nature of Grievance: Please describe the action and/or conduct that you believe may be sex-based discrimination, including complaints of sexual harassment or sexual violence, in violation of

Title IX and identify any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

8. When did the actions described above occur?

9. Is this the first time the actions described above occurred?

(Please check) **Yes** **No**

10. If the actions described above are still occurring, what is the first date the actions occurred?

11. Approximately, how many times have the actions occurred?

12. Where did the actions described above occur?

13. Approximately what time did the actions described above occur?

14. Do you have evidence of the alleged conduct (text messages, photos, or videos)? If so, please keep these materials.

(Please check) **Yes** **No**

SECTION C : WITNESS INFORMATION

15. Were there any witnesses to this action/conduct?

(Please check) **Yes** **No**

If yes, please identify the name and contact information for all witnesses:

16. Did you discuss this matter with any of the witnesses identified in question 15?

(Please check) **Yes** **No**

If yes, please identify the name of the person(s) who you communicated with, the date(s) on which the communication occurred, and the method(s) of communication:

17. Have you spoken to any PGCPS employee(s) about this matter?

(Please check) **Yes** **No**

If yes, please identify the name of the person(s) who you communicated with, the date(s) on which the communication occurred, and the method(s) of communication:

SECTION D : ADDITIONAL INFORMATION

18. Please share any additional information you would like us to know.

19. Do you wish for a formal investigation regarding the above allegations to take place?

(Please check) **Yes** **No**

The information provided in this complaint is true and correct to the best of my knowledge.

Signature of Complainant

Date

Signature of Parent/Guardian
(if submitted on behalf of student under the age of 18)

Date

Print Name of Parent/Guardian

PLEASE ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTATION WHICH YOU BELIEVE IS RELEVANT TO YOUR COMPLAINT.