

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS
14201 SCHOOL LANE
UPPER MARLBORO, MARYLAND 20772

DISCRIMINATION OR HARASSMENT INCIDENT REPORT

Employee Respondent Form

Name: _____

School/Office Assigned: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Respondent Section

(Must respond within five (5) working days of receipt of this report)

Response to facts alleged (please be as detailed as possible): _____

Do you accept _____ or reject _____ Desired Redress?

Alternative Redress, if any: _____

Respondent's Signature

Date

This section for Regional Director, Principal, Vice Principal or Supervisor Use Only:

Date Received: _____

The above mentioned Discrimination or Harassment Incident Report has been reviewed and the following action has been taken:

_____ has resulted in mediation and mutual agreement by both parties, and the complaint has been closed.

_____ has been sent to the Director, Equity Assurance Office, for investigation.

_____ has been sent to the Superintendent for resolution.

Signature

Date

Name/Title