FAIRFAX COUNTY PUBLIC SCHOOLS

Human Resources

Workplace Harassment Complaint Form

Use this form to report concern of workplace harassment not based on protected categories (race, color, sex, pregnancy, marital status, religion, national origin, age, disability, or genetic information). Please complete every appropriate item and submit it as soon as possible after the incident of alleged harassment to:

Fairfax County Public Schools
Department of Human Resources
Office of Equity and Employee Relations (EER)
8115 Gatehouse Road, Suite 2500
Falls Church, VA 22042
Phone: (571) 423-3070 Fax: (571) 423-3057

Anonymous complaints will not be accepted.

Name: _____ **Title:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: Home: _____ **Cell:** _____ **Work:** _____

Employee ID #: _____ **School/Work Location:** _____

E-mail Address: _____

Supervisor's Name: _____ **Supervisor's Phone:** _____

1. Name/Title/Location of person(s) you believe is harassing you.

Name: _____ **Title:** _____ **Location:** _____

Name: _____ **Title:** _____ **Location:** _____

Name: _____ **Title:** _____ **Location:** _____

2. Date(s) on which alleged harassment occurred: _____

3. Where did the harassment occur? _____

4. Describe the harassment.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____