DISCRIMINATION COMPLAINT FORM

Please print the following information:

Last Name: ___________________ First:________________________________________ M.I. _____ 
D.O.B. ____________________ 
Home Address: ________________________________________________________________
City: _________________________ State: ___________ Zip Code: ________________
Home Telephone (___) ____________________________
Title: ___________________________ Unit/Dept.: _________ 
Office Telephone (___) ________________________________
Supervisor/Manager’s Name: ________________________________
Name of person you believe discriminated against you (Respondent): _________________
Department: ___________________________________________________________________
City: _________________________ State _________ Zip Code ____________________
What is the basis of the alleged discrimination? (Circle only those that apply to your complaint)
Age                           Marital Status              Ancestry                Genetic Information
Color                         Race                            Creed                  Religion
Disability                   Sex (gender)              Mental or Physical Disability National Origin
Sexual Orientation         Retaliation                Gender Identity and Expression

What issues are associated with your complaint?
Recruitment ___________________ Sexual Harassment ______________________
Failure to Hire (Internal Only) _____ Transfer _____________________________
Performance Evaluation ________ Promotion ________________________________
Demotion ______________________ Working Conditions ____________________
Discharge ______________________ Other ________________________________
When did the alleged discrimination occur?
Date:
______________________________________________________________________________

Where did the alleged discrimination occur?
Location:
______________________________________________________________________________

Describe what happened. (Please use extra pages if necessary.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Were there any witnesses to the alleged discrimination? Yes ___  No ___
If yes, Please provide witnesses names and contact number, if known.
________________________________________________________________________
________________________________________________________________________

Have efforts been made to resolve this complaint? Yes ___  No ___  If yes, what is the status?
________________________________________________________________________

What corrective action do you believe would address your complaint?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you filed a previous complaint of alleged discrimination? Yes _____ No ________
If so, please describe the incident and when it occurred.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Who did you file this complaint with: EEOC _____ MCHR _____ Other _____

*Please notify the EEO Office of any changes of address and telephone number during the period of the investigation.

AFFIRMATION

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

__________________________________________  __________
Signature                     Date
NOTICE CONCERNING YOUR RIGHTS TO FILE A COMPLAINT WITH CIVIL RIGHTS ENFORCEMENT AGENCIES.

Any employee or applicant for employment who believes that he or she has experienced discrimination has a right to file a formal complaint with the federal or State agency listed below. 

**A person does not give up this right when he or she files a complaint with the Fair Practices Office.** The following federal and State agencies enforces laws against discrimination:

- **Maryland Commission on Human Relations**
  St. Paul Street, 9th Floor
  Baltimore, Maryland 21201
  Phone: 410-767-8600

- **United States Equal Employment Opportunity Commission**
  10 South Howard Street, 3rd Floor
  Baltimore, Maryland 21201
  Phone: 410-962-3932

STATUTORY TIME PERIODS FOR THE TIMELY FILING OF CHARGES OF DISCRIMINATION (MEASURE FROM THE OCCURRENCE OF A DISCRIMINATORY ACTION):

1. State Fair Practices Offices – within 30 days after 1st knowing or reasonably knowing (SPPA§ 5-211 (b))


3. United States Equal Employment Opportunity Commission-300 DAYS-Unless a proceeding involving same acts is instituted first before the Maryland Commission on Human Relations.

Confidentiality – Information obtained as part of an investigation conducted under this SPPA § 5-214 is confidential within the meaning of Title 10, Subtitle 6 of the State Government Article.

**AFFIRMATION**

I affirm that I have read the above notice concerning my rights to file a complaint with federal, state, and local civil rights enforcement agencies at anytime before or after I file an internal complaint with the EEO Office, and am aware of my filing deadlines for those agencies.

____________________________________  __________________________
Complainant’s Signature                                           Date

(Please provide a copy of this form to the Complainant)