

**OFFICE OF THE STATEWIDE EQUAL EMPLOYMENT OPPORTUNITY COORDINATOR**

**Agency Internal Case Tracking Form**

**To Be Filled Out Upon Completion of Case/Request**

<b>Submitted by:</b>	Agency Name	
	Agency Representative	Title

**Item: (Please Check One)**

<input type="checkbox"/> <b>Complaint</b>	<input type="checkbox"/> <b>Request for a Reasonable Accommodation</b>
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<b>Agency Case No.:</b>	<b>Date Filed:</b>

**Basis** (i.e. age, sex, race, etc.):

**Issue(s)** (termination, denied accommodation, harassment, etc.):

**Brief Description of Allegations:**

**Complainant Name:**

**Respondent(s) Name:**

**Course of Action Taken** (i.e., investigation, forward to, etc.):

**Date Case Closed:**

**Approved By:**

**Disposition:**

**No Probable Cause**  
  **Probable Cause**  
  **Withdrawn**  
  **Admin. Closed**  
 **Other (Please explain):**

Submit completed tracking form, decision letter, initial complaint and investigative report electronically to <a href="mailto:norma.belton@maryland.gov">norma.belton@maryland.gov</a> or by fax to 410-333-5004.	<b>Date</b>	<b>Signature</b>