

DO NOT WRITE IN THIS SPACE

FOR USE BY EEO OFFICE

_____ vs.

COMPLAINANT

RESPONDENT CASE NO.

DATE FILED _____

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 Agency you believe discriminated against you (Respondent): _____

Agency Address: _____

City: _____ State _____ Zip Code _____ What

is the basis of the alleged discrimination? (Check only those that apply to your complaint)

- | | | | | | | | |
|-----------------|--------------------------|----------------|--------------------------|-------------------------------|--------------------------|--------------------------------|--------------------------|
| Age | <input type="checkbox"/> | Marital Status | <input type="checkbox"/> | Ancestry | <input type="checkbox"/> | Genetic Information | <input type="checkbox"/> |
| Color | <input type="checkbox"/> | Race | <input type="checkbox"/> | Creed | <input type="checkbox"/> | Religion | <input type="checkbox"/> |
| National Origin | <input type="checkbox"/> | Sex(gender) | <input type="checkbox"/> | Mental or Physical Disability | <input type="checkbox"/> | Gender Identity and Expression | <input type="checkbox"/> |
| Retaliation | <input type="checkbox"/> | | | | | | |

What issues are associated with your complaint?

- | | |
|------------------------------|--------------------------|
| Recruitment _____ | Sexual Harassment _____ |
| Failure to Hire _____ | Transfer _____ |
| Performance Evaluation _____ | Promotion _____ |
| Demotion _____ | Working Conditions _____ |
| Discharge _____ | Other _____ |

Were there any witnesses to the alleged discrimination? Yes ___ No ___

If yes, Please provide witnesses names and contact number.

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 ___ MCCR ___ 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 Civil Rights**
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))**

2. **Maryland Commission on Civil Rights – Six months - (State Government Article Title 20, Annotated Code of Maryland).**

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

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)