

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	Marital Status	Ancestry	Genetic Information
Color	Race	Creed	Religion
National Origin	Sex(gender)	Mental or Physical Disability	Gender Identity and Expression
Retaliation			

What issues are associated with your complaint?

Recruitment _____	Sexual Harassment _____
Failure to Hire _____	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.

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)