

DO NOT WRITE IN THIS SPACE

FOR USE BY EEO OFFICE

RESPONDENT: _____ vs.

COMPLAINANT: _____

RESPONDENT CASE NO.: _____

DATE FILED: _____

DISCRIMINATION COMPLAINT FORM

Information About Complainant

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Home Phone: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Agency/Department/Unit: _____

Office Telephone: _____ Supervisor's Name: _____

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

Information About Discrimination

Name of Agency you believe discriminated against you (Respondent): _____

Agency Street Address: _____

City: _____ State: _____ Zip Code: _____

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

- ☐ Age ☐ Ancestry ☐ Color ☐ Creed ☐ Disability, Mental or Physical ☐ Gender/Sex
☐ Gender Identity & Expression ☐ Genetic Information ☐ Marital Status
☐ Military Status (SPP211 (a)(2)) ☐ National Origin ☐ Race ☐ Religion ☐ Retaliation

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 numbers:

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: _____

AFFIRMATION

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

Complainant's Signature

Date

NOTICE CONCERNING YOUR RIGHTS TO FILE A COMPLAINT WITH CIVIL RIGHTS ENFORCEMENT AGENCIES.

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

An employee or applicant does not give up this right when they file a complaint with their agency's EEO Office.

The following federal and State agencies enforce laws against discrimination:

- **Maryland Commission on Civil Rights**
6 St. Paul Street, 9th Floor
Baltimore, MD 21202
Phone: (410) 767-8600
- **United States Equal Employment Opportunity Commission**
31 Hopkins Plaza #1432
Baltimore, MD 21201
Phone: (410) 801-6685

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 1 year after 1st knowing or reasonably knowing (SPPA § 5-211 (b))
2. Maryland Commission on Civil Rights – 300 days (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 SPPA § 5-214 is confidential within the meaning of Title 4 of the General Provisions Article.

AFFIRMATION

I affirm that I have read the above notice concerning my rights to file a complaint with the federal and State 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