

OFFICE OF THE STATEWIDE EQUAL EMPLOYMENT OPPORTUNITY COORDINATOR

Agency Internal Case Tracking Form

To Be Filled Out Upon Completion of Case/Request

Submitted by:	Agency Name	
	Agency Representative	Title

Item: (Please Check One)

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

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 Withdrawn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 norma.belton@maryland.gov or by fax to 410-333-5004.	Date	Signature