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FOR USE BY	Y EEO (OFFICE						
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COMPLAIN	ANT							
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RESPONDE	NT CAS	SE NO.						
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			IINA	TION COMPL	AINT	FORM		
DISCRIMINATION COMPLAINT FORM Please print the following information:								
Last Name:	Last Name: First			t:		M.I	_	
D.O.B								
Home Addr	ess:							
City:				_ State:		Zip Code:		
Home Telep	ohone ()						
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Office Telep	hone (_	_)						
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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? YesNo					
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 m 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

6th St. Paul Street, 9th Floor Baltimore, MD 21201 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 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 concestate, and local civil rights enforcement agenc complaint with the EEO Office, and am aware of	ies at anytime before or after I file an interna
Complainant's Signature	Date
(Please provide a copy of this form to the Con	inlainant)