MARYLAND DEPARTMENT OF HUMAN SERVICES

Office of Employment and Program Equity

25 South Charles Street
Baltimore, MD. 21201-3303

CUSTOMER DISCRIMINATION/ DISABILITY COMPLAINT FORM

Customer Information

Name: _____Telephone: (w) ____-_____ (h)____-_____

Email Address: _____

Home Address: _____
No., Apt., Street

_____
City, State, Zip Code

Brief Description of Alleged Act(s)

Respondent/Violator Information

Agency Address/Location: _____
Street

_____
City, State, Zip Code

What is the name of the person(s) who you believe discriminated against you? _____
_____

Date(s) of Alleged Act(s) of Discrimination: _____/_____/_____
Month Day Year

Continuing? (Y) (N): _____

What is the Basis of your Complaint? (check all that apply)

Age ____ Ancestry _____ Color _____ Disability: Mental _____ Physical _____ Marital Status _____ Sex ☐ Religion ☐

Race ____ Creed ☐ National Origin ☐ Sexual Harassment ☐ Gender Identity/Expression ____ Genetic Information_____

Sexual Orientation _____ Retaliation _____

What events caused you to file this complaint? (Please attach additional sheet(s) of paper if necessary).

_____

_____

_____

_____

_____

_____

REASONABLE ACCOMMODATION

Did you request a reasonable accommodation under the Americans with Disabilities Act? Yes/No (circle one)

What accommodation did you request?

_____

_____

_____

_____

What is the nature of your disability?

_____

What do you want to happen as a result of filing this complaint?

_____

_____

_____

_____

Have you grieved this issue or filed a complaint regarding this issue with an enforcement agency? Yes_____ No_____

If yes, give name of agency and date that you filed. Agency: _____ Date: _____

I hereby certify that the information I have provided is true to the best of my knowledge and/or recollection.

Signed: _____Date:_____
Complainant

Print Name: _____

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**
  6 St. Paul Street, #900
  Baltimore, Maryland 21202
  Phone: 410-767-8600

- **United States Equal Employment Opportunity Commission**
  13 Hopkins Plaza #1423
  Baltimore, Maryland 21201
  Phone: 410-209-2237

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 any time 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)