



EQUALITY

It is the policy of the State of Maryland and the Maryland Department of Human Services (DHS) that no customer shall be subjected to discrimination, harassment or retaliation on the basis of age, ancestry, color, creed, genetic information, marital status, disability, national origin, race, religion, sex, sexual orientation or transgender identity and/or expression.



GET IN TOUCH WITH US

Office of Employment & Program Equity (OEPE)



PHONE:
410-767-7861

TTY Number: 1-800-735-2258
(Maryland Relay: 7-1-1)



EMAIL:
dhroepe@maryland.gov



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LOCATION:
25 S. Charles Street, 18th Floor
Baltimore, MD 21201-3330



Maryland
DEPARTMENT OF HUMAN SERVICES



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HOW TO FILE A CUSTOMER COMPLAINT



OFFICE OF EMPLOYMENT & PROGRAM EQUITY

25 S. Charles Street, 18th Floor
Baltimore, Maryland 21201-3330

PROCEDURES FOR FILING A COMPLAINT

If you feel you have been subjected to discrimination, harassment or retaliation based on:

- Age
- Ancestry
- Color
- Creed
- Genetic Information
- Marital Status
- Mental or Physical Disability
- National Origin
- Race
- Religion Affiliation, Belief or Opinion
- Sex
- Sexual Orientation
- Transgender Identity and/or Expression



STEPS TO FILE A COMPLAINT

An individual who believes he or she has been discriminated against in the provision of services, activities, programs or benefits by an LDSS should, if possible, try to resolve the issue locally with the supervisor of the program or services. If this informal attempt at resolution is unsuccessful, the complainant shall follow these steps and file a complaint with the appropriate LDSS [Customer Access Coordinator](#) (CAC), or designee.

1. Submit a [Customer Discrimination Complaint form](#) and/or a letter to the appropriate LDSS [Customer Access Coordinator](#) (CAC), or designee. (If the complainant needs a reasonable accommodation to communicate his or her complaint (i.e., an interpreter, an alternative format), they may request an alternative means of filing the complaint or receiving the response.)
2. A complaint must be in writing and must contain the name, address, phone, and email of the person filing it, a description of the problem/information about the alleged violation, including the date, parties involved, and the location (LDSS or county government building, program, or service) where the incident occurred.
3. Complaints should be filed in as timely a manner as possible, but no later than **30 calendar days** after the alleged violation.

NOTE: At any time during the complaint procedure, the complainant may submit their complaint directly to the U.S. Department of Justice or the U.S. Department of Health and Human Services. Use of this complaint process does not preclude the complainant from filing a complaint with the designated federal agency or filing a lawsuit for injunctive relief and damages. An individual may choose to pursue any or all of these methods.

A complaint may be filed with the Office for Civil Rights (OCR) if an individual has experienced discrimination based on race, color, national origin, sex, age, or disability, or if health information privacy rights were violated. For Health and Human Services complaints (HHS), use the [HHS OCR Complaint Portal](#). Complaints must be filed within 180 days of the incident, either online via the [OCR Electronic Complaint Form](#) or by mail/email.

U.S. Department of Health and Human Services (HHS) Office of Civil Rights, Centralized Case Management Operations

Room 509F HHH Building
200 Independence Avenue, S.W.

Washington, D.C. 20201

Email: OCRComplaint@hhs.gov

Phone: 800-421-3481

Also, the individual may submit an American with Disabilities Act (ADA) Complaint Form ([Regular Format](#) | [Large Format](#)) or a letter containing the same information regarding the complaint to the U.S. Department of Justice's [Civil Rights Division website](#), with photocopies of any documents that support the complaint, and, if relevant, information on how you communicate effectively (for example, if you need written communications in an electronic format or you use video relay services). There is a timeline of 180 days to file a complaint with the U.S.

Department of Justice U.S. Department of Justice

950 Pennsylvania Avenue, NW

Washington, DC 20530-0001

Phone: 202-514-2000

CONTACT INFORMATION: Office Of Employment & Program Equity (OEPE)

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