



**State of Maryland Judiciary
Complaint of Discrimination/Retaliation Form**

Complainant: _____

Location: _____

Department/Unit: _____

Respondent: _____

Location: _____

Department/Unit: _____

STATEMENT OF FACTS

Basis for the alleged discrimination, harassment, and /or retaliation (Please check applicable box(es))

- | | |
|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Color | <input type="checkbox"/> Political or Religious Opinion/Affiliation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Physical or Mental Disability |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Retaliation |

Date(s) of Action(s)/Knowledge of Occurrence: _____

Nature of Complaint: (state specifically and definitely the issues of fact and the factor(s) that you believe support the complaint).

Resolution sought: _____

Prior to filing this complaint I made the following attempts to resolve this matter: _____

I am represented by (If applicable) : _____

(Name and Title of Representative)

Complainant's Signature: _____ Date: _____

I certify that management received this Complaint of Discrimination on:

Date Signature Title