

ADMINISTRATIVE OFFICE OF THE COURTS OFFICE OF LEGAL AFFAIRS AND FAIR PRACTICES

Maryland Judicial Center 187 Harry S. Truman Parkway – 5th floor Annapolis, MD 21401

Public User Complaint Form

Complainant: _					
	(Name of public use	r making the C	Complaint)		
Address:	(Your preferred				
	(Your preferred	d contact addre	ess)		
Your preferred	contact information:				
rour prototrou	(phone)	(email)		
Location					
Location:	cation:(Location where alleged conduct occurred)				
Respondent(s):	(Name and title of the person y		was ideal dela a conducto		
Location:	(Respondent(s)'s o				
	(Respondent(s)'s o	ffice address if	f known)		
	STATEMEN	IT OF F	ACTS		
Basis for the all	eged discrimination, harassment ar	าd/or retal	liation (Please check the applicable box(es) below)		
	Race		Sexual Orientation		
Ħ	Color	Ħ	Gender Identity or Expression		
一	National Origin	Ħ	Political Affiliation		
	Religion		Marital or Family Status		
	Sex		Genetic Information		
	Age		Retaliation		
	Physical or Mental Disability		Other:		
Date(s) of Act	ion(s):				
Nature of Comp	Dlaint: (Provide a clear and detailed statement o	of the facts w	hich you believe show discrimination and/or harassment.)		
			_		

	(Please attach additional sheets if needed)	
Remedy sought:		
<u> </u>	int about the same conduct with any other state o]Yes	r federal agency?
If yes, with which agenc	y?	
Complainant's Signature	e:	Date:
	Contact Information Office of Legal Affairs and Fair Practices Phone: 410-260-3679 Mailing Address: Office of Legal Affairs and Fair Practices Maryland Judicial Center 187 Harry S. Truman – 5 th floor Annapolis, MD 21401	
	Email: fairpractices@mdcourts.gov	
	Internal use only	
I certify that the Office	of Legal Affairs and Fair Practices received this Pu	blic User Complaint on:
Date	Signature Title	