



ADMINISTRATIVE OFFICE OF THE COURTS  
FAIR PRACTICES DEPARTMENT  
Maryland Judicial Center  
187 Harry S. Truman Parkway – 5<sup>th</sup> floor  
Annapolis, MD 21401

**Public User Complaint Form**

Complainant: \_\_\_\_\_  
(Name of public user making the Complaint)

Address: \_\_\_\_\_  
(Your preferred contact address)

Your preferred contact information: \_\_\_\_\_ (phone) \_\_\_\_\_ (email)

Location: \_\_\_\_\_  
(Location where alleged conduct occurred)

Respondent(s): \_\_\_\_\_  
(Name and title of the person you believe committed the conduct)

Location: \_\_\_\_\_  
(Respondent(s)'s office address if known)

**STATEMENT OF FACTS**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Race                          | <input type="checkbox"/> Sexual Orientation            |
| <input type="checkbox"/> Color                         | <input type="checkbox"/> Gender Identity or Expression |
| <input type="checkbox"/> National Origin               | <input type="checkbox"/> Political Affiliation         |
| <input type="checkbox"/> Religion                      | <input type="checkbox"/> Marital or Family Status      |
| <input type="checkbox"/> Sex                           | <input type="checkbox"/> Genetic Information           |
| <input type="checkbox"/> Age                           | <input type="checkbox"/> Retaliation                   |
| <input type="checkbox"/> Physical or Mental Disability | <input type="checkbox"/> Other: _____                  |

Date(s) of Action(s): \_\_\_\_\_

Nature of Complaint: (Provide a clear and detailed statement of the facts which you believe show discrimination and/or harassment.)

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(Please attach additional sheets if needed)

Remedy sought: \_\_\_\_\_

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Have you filed a complaint about the same conduct with any other state or federal agency?  
 Yes                       No

If yes, with which agency? \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Information**  
**The Fair Practices Department**

**Phone:**  
410-260-3679

**Mailing Address:**  
Fair Practices Department  
Maryland Judicial Center  
187 Harry S. Truman – 5<sup>th</sup> floor  
Annapolis, MD 21401

**Email:**  
fairpractices@mdcourts.gov

**Fair Practices Department use only**

I certify that the FPD received this Public User Complaint on:

\_\_\_\_\_

**Date**                                      **Signature**                                      **Title**