



**ADMINISTRATIVE OFFICE OF THE COURTS
FAIR PRACTICES DEPARTMENT
MARYLAND JUDICIAL CENTER
580 TAYLOR AVENUE – A2
ANNAPOLIS, MARYLAND 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.)

(Please attach additional sheets if needed)

Remedy sought: _____

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 **Fax:** 410-260-9849

Mailing Address:
Fair Practices Department
Maryland Judicial Center
580 Taylor Avenue – A2
Annapolis, Maryland 21401

Email: fairpractices@mdcourts.gov

Fair Practices Department use only

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

_____	_____	_____
Date	Signature	Title