



**ADMINISTRATIVE OFFICE OF THE COURTS
FAIR PRACTICES DEPARTMENT
MARYLAND JUDICIAL CENTER
580 TAYLOR AVENUE – A2
ANNAPOLIS, MARYLAND 21401**

**Complaint Form
Discrimination/Harassment/Retaliation**

Complainant: _____
(The employee making the Complaint)

Location: _____
(Your office address)

Department/Unit: _____

Your preferred contact information: _____ (Phone) _____ (Email)

Respondent(s): _____
(The employee(s) against whom the Complaint is made)

Location: _____
(Respondent(s)'s office address if known)

Department/Unit: _____

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)/Knowledge of Occurrence: _____

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

(Please attach additional sheets if needed)

Remedy sought: _____

Before 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: _____

<p style="text-align: center;">Contact Information The Fair Practices Department</p> <p>Phone: 410-260-3679 Fax: 410-841-9849</p> <p>Mailing Address: Fair Practices Department Maryland Judicial Center 580 Taylor Avenue – A2 Annapolis, Maryland 21401</p> <p>Email: fairpractices@mdcourts.gov</p>	<p style="text-align: center;">Employees of the Circuit Courts under the Authority of a County Administrative Judge:</p> <p>Employees of a Circuit Court (who are under the authority of the County Administrative Judge and not a Clerk), should give this form to their manager, supervisor, EEO coordinator, or the County Administrative Judge.</p>
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<i>Fair Practices Department use only</i>		
I certify that the FPD received this Complaint of Discrimination/Harassment/Retaliation on:		
_____ Date	_____ Signature	_____ Title