

INSTRUCTIONS FOR SUBMITTING COMPLAINT

Department of Public Safety & Correctional Services

Internal Complaint of Discrimination/Unfair Employment Practices Form

Please fill out the form on the next page by typing in the information **before** printing it out. Simply click in the text box to type in that field, or click the appropriate check box to select an option. **After** the form is filled in, please print it, then mail the typed form to the address below.

MAIL THE COMPLETED FORM TO:

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
MBE/EEO DIVISION
6776 REISTERSTOWN ROAD, SUITE 216
BALTIMORE, MD 21215

OR FAX: 410 318-8905

WALK-INS BY APPOINTMENT ONLY

FOR QUESTION OR INQUIRIES PLEASE CALL: 410 585-3005

Department of Public Safety and Correctional Services

Internal Complaint of Discrimination/Unfair Employment Practices

Name _____ Position _____

Home Address _____

Social Security Number _____

Assignment/Agency Division _____ Race _____ Sex _____
(for statistical purposes only)

Work Number _____ Home Number _____

Date _____ and Time _____ of Complaint Location of Complaint _____

Issues Involved: Whistleblower() Harassment() Retaliation() Unfair Practices()

Discrimination: Race() Sex() National Origin() Religion() Sexual Harassment() Age ()
Reasonable Accommodation() Sexual Orientation() Gender Identity() Other() _____

Name of Accused _____

Brief Outline of Complaint

Witnesses' Name, Addresses, Telephone Numbers:

(Please attach a separate sheet with this information if more space is needed)

Signature: _____ Date: _____

Do Not Write Below This Line

Received By _____ Date and Time Complaint Received _____

Date and Time Reported to Fair Practices Officer _____

Investigative Complaint Number _____