

**COMPLAINT OF DISCRIMINATION FORM**

*\*Only for complaints of alleged discrimination against an employee, program or policy of the Department of Labor, Licensing and Regulation*

Complaint Information		
Name :		
Address:		
Home Phone: (      )      -	Best time & phone number to contact:	
Cell Phone: (      )      -	Time:	<input type="checkbox"/> Cell
Work Phone: (      )      -		<input type="checkbox"/> Home
		<input type="checkbox"/> Work
Email Address:		
Email Address 2:		

Respondent Information		
Provide the name(s) and address(s) of the DLLR program and individual(s) involved		
Name	Address	Phone/Ext.
_____	_____	_____
_____	_____	_____
_____	_____	_____

DLLR Programs	
<input type="checkbox"/> Office of the Secretary	Office/Department: _____
<input type="checkbox"/> Division of Administration	Office/Department: _____
<input type="checkbox"/> Financial Regulations	Office/Department: _____
<input type="checkbox"/> Labor & Industry	Office/Department: _____
<input type="checkbox"/> Division of Racing	Office/Department: _____
<input type="checkbox"/> Occupational & Professional Licensing	Office/Department: _____
<input type="checkbox"/> Employment & Training	Office/Department: _____
<input type="checkbox"/> Unemployment Administration	Office/Department: _____

## COMPLAINT OF DISCRIMINATION FORM

### Discrimination Allegation(s) Check all that apply!

**1. Which of the following best describe(s) why you believe you were discriminated against.**

- |   |  |
|---|--|
| <input type="checkbox"/> Age (Date of Birth) _____      | <input type="checkbox"/> Race Specify: _____               |
| <input type="checkbox"/> Citizenship Specify: _____     | <input type="checkbox"/> Religion Specify: _____           |
| <input type="checkbox"/> Color Specify: _____           | <input type="checkbox"/> Reprisal/Retaliation _____        |
| <input type="checkbox"/> Disability Specify: _____      | <input type="checkbox"/> Status as a WIA Participant _____ |
| <input type="checkbox"/> National Origin Specify: _____ | <input type="checkbox"/> Other Specify: _____              |

**2. Do you think the alleged discrimination against you involved:**

- |   |   |
|---|---|
| <input type="checkbox"/> Your current job with DLLR   | <input type="checkbox"/> Accessibility of a DLLR facility |
| <input type="checkbox"/> Seeking employment with DLLR | <input type="checkbox"/> Receipt of Services or Benefits  |

***If so, which of the following are involved:***

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Access/Accommodation | <input type="checkbox"/> Discharge/Termination | <input type="checkbox"/> Promotion             |
| <input type="checkbox"/> Application/Hiring   | <input type="checkbox"/> Harassment            | <input type="checkbox"/> Training              |
| <input type="checkbox"/> Benefits             | <input type="checkbox"/> Job Referral          | <input type="checkbox"/> Other - Specify _____ |
| <input type="checkbox"/> Discipline           | <input type="checkbox"/> Performance Appraisal |  |

**3. Have you filed a complaint elsewhere about this matter?**  Yes  No

***3a. If yes, please provide the following information for each court, enforcement agency or other entity with which you have filed a complaint***

Court or Agency: \_\_\_\_\_  
 Case or Docket Number: \_\_\_\_\_  
 Date(s) Filed: \_\_\_\_\_  
 Trial/Hearing Date: \_\_\_\_\_  
 Location of Agency or Court: \_\_\_\_\_  
 Name of Investigator: \_\_\_\_\_  
 Status of the Case: \_\_\_\_\_

**4. Do you have an attorney?**  Yes  No

***4a. If yes, please provide the name, address and telephone number.***

Name	Address	Phone
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\_\_\_\_\_  
 \_\_\_\_\_

**COMPLAINT OF DISCRIMINATION FORM**

**Incident(s)**

**5. On what date(s) did the discrimination(s) take place? (for continuing discrimination, indicate the date of the most recent occurrence)**

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**6. Please list below any persons (witnesses, fellow employees, supervisors, or others) you wish to be contacted for additional information to support and/or clarify your complaint.**

Name	Address	Phone/Ext.
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**7. Explain as briefly and clearly as you can what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you believe other persons were treated differently from you. Also, attach any written documentation pertaining to this matter (if necessary, attach additional sheets).**

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**COMPLAINT OF DISCRIMINATION FORM**

**Incident(s) continued -**

**8. Why do you believe these events occurred?**

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**9. What other information do you think is relevant to an investigation of your allegation(s)?**

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**10. If this complaint is resolved to your satisfaction, what remedy(s) do you seek?**

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***For complaints involving DLLR programs funded in whole or in part by the United States Department of Labor (USDOL):***

If you elect to file your complaint with the Department of Labor, Licensing and Regulation (DLLR), you must wait until DLLR issues a decision or until 60 days have passed, whichever is sooner, before filing with the United States Department of Labor (USDOL) Civil Rights Center (CRC) (200 Constitution Avenue, N.W., Room N-4123, Washington, DC 20210). If DLLR has not provided you with a written decision within 90 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with CRC within 30 days of the expiration of the 90-day period. If you are dissatisfied with DLLR's resolution of your complaint, you may file a complaint with CRC. Such complaint must be filed within 30 days of the date you received notice of DLLR's resolution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DLLR Office of Fair Practices**

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