



For Office Use Only: Reference \_\_\_\_\_ Complaint # \_\_\_\_\_

**SECTION I. Complainant Information** (Note: Please print or type all information.)

Name:

SSN/ITIN (last four digits):

Address:

*\*If you change your address or telephone number after submitting this form, please notify Employment Standards Service (ESS) immediately **in writing**. If ESS cannot contact you, your complaint will be dismissed.*

Daytime Telephone:  Email Address:

Date applied for employment:

Were you hired?  Yes  No If yes, date hired:  Your last day worked:

Type of Business:  Start date:  End date:

**SECTION II. Employer Information**

Employer Name:

Is employer still in business?  Yes  No Number of employees  1-14  15 or more  
 (including full time, part time, temporary and seasonal)

Does the employer provide programs, services, or direct care to minors or to vulnerable adults?  Yes  No

Employer's Address:

Corporation name, if any:

Employer Contact:  Telephone:

Email:

Direct supervisor's name, if applicable:

**SECTION III. Violation**

1. How you believe criminal record screening violation occurred?

- Requiring me to disclose whether or not I have a criminal record
- Requiring me to disclose whether or not I have had criminal accusations against me
- Retaliating against me for alleging a criminal record screening violation
- Discriminating against me for alleging a criminal record screening violation
- Other

**SECTION IV. Complaint Details & Statement of Fact**

1. In the space below, please provide details, including dates, regarding the alleged violation. Please be as specific as possible and attach additional sheets if needed.

2. Are any of the matters listed above pending in state or federal court?  Yes  No

**V. Certification and Signature**

I HEREBY CERTIFY that the statements herein, including any attachments, are true and accurate to the best of my knowledge. I UNDERSTAND that acceptance of this complaint by the Maryland Division of Labor and Industry does not guarantee relief. I AUTHORIZE the Division of Labor and Industry to receive any monies paid and mail such monies to me at my own risk.

Employee Signature:  Date:

Employee Name (printed):

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**Department of Labor**  
**Division of Labor and Industry**  
**Employment Standards Service**  
1100 North Eutaw Street, Room 607  
Baltimore, MD 21201  
Telephone Number: (410) 767-2357

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