



WE ARE PUBLIC SAFETY!

Welcome to SafetyNet, the Intranet of the
Department of Public Safety and Correctional Services
'Our employees are our greatest strength'

Department of Public Safety and Correctional Services
Internal Complaint of Discrimination/Unfair Employment Practices Form

Date: _____

Contact Information:

* First Name: _____ * Last Name: _____
* Position/Title: _____ * W#: _____
* Home Address: _____
* City: _____ * State: MD * Zip Code: _____
Work Phone: _____ * Home / Cell Phone: _____
* Email Personal: _____ * Email Work: _____
* Assignment/Agency Division: _____
* Work Location: _____
* Immediate Supervisor/Title: _____

Information relating to the complaint:

* Incident date: _____ * Approximate time of incident: _____
* Incident location: **(Be as specific as possible)** _____

Protected Classes: (check one or more) required

• Age Ancestry/National Origin/Ethnicity Color Creed/Religion Gender Identity and Expression Genetic Information
• Marital Status Mental or Physical Disability • Race • Retaliation • Sex Discrimination • Sexual Orientation

Issues Involved:

• Bullying • Demotion • Denial of ADA Accommodation • Denial of Religious Accommodation
• Discipline • Discharge/Termination • Promotion • Recruitment • Transfer
• Religious/Medical Exemption • Selection/Hiring • Sexual Harassment • Terms and Conditions

If you have selected a Protected Class (or classes) from the section above, please use the space below to self-identify your demographic information. {Ex. Asian, Male, over 40, Catholic, identifies as Trans}

*Name of Accused: First: _____ Last: _____ Title: _____

* Brief Outline of the Complaint:

Did you report this to anyone, including any supervisory or management personnel?

Yes No

If so, Who did you notify & when:

Name of Supervisor, Agency head:

Have you previously filed a complaint or participated in any EEO activity?

Yes No

If yes, please explain with dates and the location:

*Have you filed a complaint regarding this matter in any other form or agency? (ex. EEOC, MCCR)

Yes No

If so, detail what agency/venue and date of filing.

*Have you filed a grievance or union complaint?

Yes No

If yes, please provide detail including the date of filing:

Mediation:

*I understand that I may voluntarily participate in mediation (with EEO or a third party mediator), in an attempt to resolve this matter.

Yes No

*Would you like to participate in a mediation?

Yes No

What corrective action do you request or believe will resolve this complaint?

Affirmation:

- * I affirm under the penalty of perjury that I have read the above complaint and that it is true to the best of my knowledge, information and belief.
- * I understand and agree that this Complaint and the associated investigation is a confidential matter. I understand that I shall not discuss or disclose information related to this complaint or investigation; my disclosure of information may interfere with the investigation and is prohibited.
- * I understand that I shall report any act of retaliation related to my participation in EEO protected activity. I also understand that I may not engage in retaliation against others for their participation or failure to participate in EEO-protected activity as a party or witness.
- * I understand I have a right to file a Complaint with an external agency, including but not limited to:

- Maryland Commission on Civil Rights
- Office of Fair Practices & Inclusion, EEO/ADA

*Should you need an ADA Accommodation, please contact our office at: fairpractice.accommodations@maryland.gov

Signature: _____

INSTRUCTIONS: Please complete the complaint form and email to fairpractice.complaints@maryland.gov.