STATE OF MARYLAND


## DHMH

#### Maryland Department of Health and Mental Hygiene

### 201 W. Preston Street • Baltimore, Maryland 21201

 *Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Dennis R.* *Schrader, Secretary*

Office of Equal Opportunity Programs (OEOP)

**Discrimination/Hostile Work Environment Complaint Form**

**Please CLEARLY PRINT or TYPE the following information (add additional pages as needed):**

Last Name: First: MI: 

Home Address: 

City: State: Zip Code: 

Phone: Work Phone:  Email: 

Title: Department/Location: 

Supervisor’s Name: Supervisor’s Contact Number: 

**Name and work locations of individual(s) you believe discriminated against you:**

****

**What is the basis of the alleged discrimination? (Check only those that apply to your complaint)**

[ ] Age [ ] Sex (gender) [ ] Mental or Physical Disability [ ] Color

[ ] Retaliation [ ] Genetic Information [ ] Sexual Orientation [ ] Ancestry

[ ] Religion [ ] Marital Status [ ] Creed [ ] National Origin

[ ] Race [ ] Gender Identity and Expression

**What issues are associated with your complaint? (Circle only those that apply to your complaint)**

[ ] Recruitment [ ] Failure to Hire [ ] Performance Evaluation

[ ] Demotion [ ] Discharge [ ] Sexual Harassment

[ ] Transfer [ ] Promotion [ ] Working Conditions

[ ] Hostile Work Environment [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Bullying

**When did the alleged discrimination occur?**

**Date: **

**Where did the alleged discrimination occur?**

**Location: **

**Were there any witnesses to the alleged discrimination?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please provide witnesses names and contact number.**

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**Describe the incident(s). (Please attach additional pages)**

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**What corrective action do you believe would address your complaint?**

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**Have you filed a previous complaint of alleged discrimination? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If so, briefly describe the incident and when it occurred.**



**FOR COMPLAINTS BASED ON A HOSTILE WORK ENVIRONMENT**

Please respond to each question applicable to your situation. Add additional pages as needed.

1. Does the hostile behavior you are alleging happen on a frequent basis? If so, explain.



1. Is the hostile behavior severe? If so, explain.



1. Is the hostile behavior physically threatening or humiliating? If so, explain. Provide dates, other employees present, if known.



1. Does the hostile conduct unreasonably interfere with your ability to perform your job duties, or affect a term, condition or privilege of employment? If so, explain.



1. Do you believe there is a relationship between the hostile behavior and your membership in a protected class? A protected class member is one protected by race, gender, age, disability (mental or physical), etc.



1. Did your supervisor know or should have known about the hostile behavior? If so, explain. If your supervisor is creating a hostile work place, explain.

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**Who did you file this complaint with? (Please check all that apply)**

Maryland Commission on Civil Rights \_\_\_\_ Equal Employment Opportunity Commission \_\_\_\_

Office of the Statewide Equal Employment Opportunity Coordinator \_\_\_\_ DHMH OEOP \_\_\_\_

*MEDIATION*

Mediation is a process which attempts to have parties in conflict resolve their differences with the assistance of an external mediator from the State of Maryland’s Shared Neutrals Program. Mediation is a *voluntary*, expeditious and proactive process that encourages dialogue and mutual agreement between parties in conflict. In order for mediation to be successful, both parties must agree to mediate. If either party declines mediation, the complaint will move forward to the investigative phase. Any information discussed during the mediation is confidential. If an agreement is reached, it is put in writing and signed by both parties and the complaint is closed. If an agreement is not reached, then the complaining party may elect to move forward with their complaint.

 I would like to have my complaint addressed through the mediation process. YES[ ]  NO[ ]

 Complainant’s Signature:

**AFFIRMATION**

**I affirm that I have read the above charge(s) and that it is true to the best of my knowledge, information and belief.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date**

**Please forward to:**

**Keneithia J. Taylor, Executive Director/Fair Practices Officer**

**Office of Equal Opportunity Programs**

**201 West Preston Street, Room 422-I**

**Baltimore, Maryland 21201**

**410-767-6595 (p)**

**410-333-5337 (f)**

**keneithia.taylor@maryland.gov**

***\*Please notify the Office of Equal Opportunity Programs of any changes of address and/or telephone number.***

**NOTICE OF YOUR RIGHT TO FILE A COMPLAINT WITH AN EXTERNAL CIVIL RIGHTS ENFORCEMENT AGENCY**

Any employee or applicant for employment, who believes that he or she has been discriminated against, has a right to file a complaint with the State or Federal agencies listed below. ***A person does not give up this right when he or she files a complaint with the DHMH Office of Equal Opportunity Programs.*** The following State and Federal agencies enforce laws related to **discrimination**:

* **Maryland Commission on Civil Rights (MCCR)**

6 St. Paul Street, 9th Floor

Baltimore, Maryland 21201

Phone: 410-767-8600

* **United States Equal Employment Opportunity Commission (EEOC)**

10 South Howard Street, 3rd Floor

Baltimore, Maryland 21201

Phone: 410-962-3932

**STATUTORY TIME PERIODS FOR THE TIMELY FILING OF CHARGES OF DISCRIMINATION (MEASURE FROM THE OCCURRENCE OF DISCRIMINATORY ACTION):**

1. **State Fair Practices/EEO Offices-** within 30 days after first knowledge or reasonably knowing (SPPA§5-211 (b))
2. **Maryland Commission on Civil Rights (MCCR)-** Six (6) months (State Government Article Title 20, Annotated Code of Maryland)
3. **United States Equal Employment Opportunity Commission (EEOC)-** 180 calendar days from the day the discrimination took place; 300 calendar days if a state or local agency enforces a law that prohibits employment discrimination on the same basis. See the EEOC’s website for age discrimination filing guidelines (search ***Timeliness*** in the EEOC’s search engine)

**Confidentiality- Information obtained as part of an investigation conducted under this SPPA§5-214 is confidential within the meaning of Title 10, Subtitle 6 of the State Government Article.**

**AFFIRMATION**

I affirm that I have read the above notice concerning my rights to file a complaint with a local, state, and federal civil rights enforcement agency at any time before or after I file an internal complaint with the DHMH Office of Equal Opportunity Programs and am aware of my filing deadlines for those agencies.

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Complainant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equal Opportunity Director or designee Date

**FOR USE BY THE DHMH OFFICE OF EQUAL OPPORTUNITY PROGRAMS**

CASE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BASIS(ES): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE FILED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESOLUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_