

**State of Maryland Judiciary**  
**Complaint of Discrimination/Retaliation Form**

Complainant: \_\_\_\_\_  
(The employee making the complaint)

Location: \_\_\_\_\_  
(Court Address)

Department/Unit: \_\_\_\_\_

Respondent: \_\_\_\_\_  
(The employee against whom the complaint is made)

Location: \_\_\_\_\_  
(Court Address)

Department/Unit: \_\_\_\_\_

**STATEMENT OF FACTS**

Basis for the alleged discrimination, harassment, and /or retaliation (Please check applicable box(es))

- |                          |                    |                          |  |
|--------------------------|--------------------|--------------------------|--|
| <input type="checkbox"/> | Race               | <input type="checkbox"/> | Gender                                     |
| <input type="checkbox"/> | Color              | <input type="checkbox"/> | Political or Religious Opinion/Affiliation |
| <input type="checkbox"/> | National Origin    | <input type="checkbox"/> | Physical or Mental Disability              |
| <input type="checkbox"/> | Marital Status     | <input type="checkbox"/> | Age  |
| <input type="checkbox"/> | Sexual Orientation |                          |  |

Date(s) of Action(s)/Knowledge of Occurrence: \_\_\_\_\_

Nature Complaint: (State specifically and definitely the issues of fact and the factor(s) that the employee believes would support the complaint)

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(Please attach additional sheets if needed)

Remedy sought: \_\_\_\_\_

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[Type text]

Prior to filing this complaint I made the following attempts to resolve this matter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am represented by (If applicable): \_\_\_\_\_  
(Name and Title of Representative)

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of Fair Practices use only.**

I certify that the Office of Fair Practices received this Complaint of Discrimination/Retaliation on:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**Contact Information  
The Office of Fair Practices**

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