MORGAN STATE UNIVERSITY
DISCRIMINATION COMPLAINT FORM

COMPLETED FORM SHOULD BE RETURNED TO: DIVERSITY & EEO OFFICE, TRUTH HALL, ROOM 103, 1700 E. COLD SPRING LANE, BALTIMORE, MD, 21251

PLEASE PRINT THE FOLLOWING INFORMATION:

Last Name: __________________________ First: __________________________ M.I. ______

Home Address: ____________________________________________________________

City: __________________________ State: ______ Zip Code: ______________

Home Telephone: ________________ Cell Phone: __________________________

Work Telephone: ________________ Email: ________________________________

Job Title/Classification: ______________________________________________________

Work Unit/Dept.: ____________________________________________________________

Supervisor and Job Title: ____________________________________________________

Status (Please check one): □ Faculty □ Staff □ Student □ Other/External

If Other/External, please specify: _____________________________________________

WHAT IS THE BASIS OF YOUR COMPLAINT? (CHECK ALL THAT APPLY)

□ Age □ Color □ Disability □ Gender (including Pregnancy)

□ Gender Identity □ Genetic Information □ Marital Status □ National Origin

□ Race □ Religion □ Retaliation □ Sexual Harassment

□ Sexual Orientation □ Veteran Status □ Other ________________________________
WHAT IS THE ISSUE ASSOCIATED WITH YOUR COMPLAINT? (CHECK ALL THAT APPLY)

- Admission
- Discharge/Termination
- Failure to Hire/Non-selection
- Hostile Environment
- Sexual Harassment
- Other

□ Compensation
□ Disciplinary Action
□ Grading
□ Non-promotion
□ Transfer
□ Work/School Conditions

□ Demotion
□ Failure to accommodate
□ Harassment
□ Performance Evaluation

WHO DO YOU ALLEGED DISCRIMINATED AGAINST YOU (RESPONDENT)?

Name: ____________________________  Job Title: ____________________________
________________________________________  ____________________________
________________________________________  ____________________________
________________________________________  ____________________________
________________________________________  ____________________________

WHEN DID THE ALLEGED DISCRIMINATION OCCUR? ____________________________

DESCRIBE WHAT HAPPENED. (Please provide as much detail as possible and include information such as dates, locations, persons involved or present, behaviors, comments, other incidents, etc. Please attach additional paper if necessary).

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
LIST ALL WITNESSES (IF ANY) TO THE INCIDENTS YOU DESCRIBED:

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HAVE EFFORTS BEEN MADE TO RESOLVE THIS COMPLAINT WITH A SUPERVISOR OR OFFICIAL?

☐ Yes  ☐ No  IF YES, PLEASE INDICATE THE INDIVIDUAL(S), DATE OF COMPLAINT, AND THE STATUS OF THE COMPLAINT.

WHAT IS YOUR REQUESTED REMEDY (WHAT CORRECTIVE ACTION DO YOU BELIEVE WOULD ADDRESS YOUR COMPLAINT)?
HAVE YOU FILED A PREVIOUS COMPLAINT OF DISCRIMINATION? □ Yes □ No
IF SO, PLEASE DESCRIBE THE INCIDENT, WHEN IT OCCURRED, WHEN YOU FILED THE COMPLAINT, AND THE STATUS OF THE COMPLAINT.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
WHO DID YOU FILE THIS COMPLAINT WITH?
□ MSU □ EEOC □ MCCR □ OCR □ Other __________________________

DO YOU HAVE A REPRESENTATIVE? □ Yes □ No
IF SO, PLEASE PROVIDE YOUR REPRESENTATIVE’S NAME AND CONTACT INFORMATION.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

IS YOUR REPRESENTATIVE AN ATTORNEY? □ Yes □ No

AFFIRMATION
I affirm that I have read the above charge and that it is true and correct to the best of my knowledge, information and belief. I am willing to fully cooperate in the EEO investigative process and provide whatever evidence/documents which may be requested of me.

Also, I acknowledge my obligation to immediately notify the Diversity and EEO Office of any changes relative to my contact information (e.g. address, telephone numbers, e-mail address) during the investigative period.

___________________________________   _________________________
Signature                        Date
NOTICE CONCERNING YOUR RIGHTS TO FILE A COMPLAINT WITH A CIVIL RIGHTS ENFORCEMENT AGENCY

Any employee or applicant for employment who believes he or she has experienced discrimination has a right to file a formal complaint with a federal or State civil rights enforcement agency. *A person does not give up this right when he or she files a complaint with the University’s Diversity and EEO Office.*

The following federal and State agencies enforce laws against discrimination:

- **Maryland Commission on Civil Rights (MCCR)**
  6 St. Paul Street, 9th Floor
  Baltimore, Maryland 21202
  Phone: 410-767-8600

- **U. S. Equal Employment Opportunity Commission (EEOC)**
  10 South Howard Street, 3rd Floor
  Baltimore, Maryland 21201
  Phone: 410-962-3932

THE FOLLOWING STATUTORY TIME PERIODS FOR THE TIMELY FILING OF A CHARGE OF DISCRIMINATION APPLY (TIME PERIOD IS MEASURED FROM THE DATE OF OCCURRENCE OF A DISCRIMINATORY ACTION):

1. Maryland Commission on Civil Rights – Six months - (Title 20, Subtitle 6, State Government Article, Annotated Code of Maryland)

2. U.S. Equal Employment Opportunity Commission – 300 days

Confidentiality – Information obtained as part of an investigation is confidential and disclosure of any investigatory information is subject to the provisions of Title 10, Subtitle 6 of the State Government Article, Annotated Code of Maryland.

______________________________  ______________________________
Signature  Date

(Please provide a copy of this form to the Complainant)