

OFFICE USE ONLY

Case Number: _____



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)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Gender (including
Pregnancy) |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Marital Status | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Other _____ | |

WHAT IS THE ISSUE ASSOCIATED WITH YOUR COMPLAINT? (CHECK ALL THAT APPLY)

- | | | |
|--|--|---|
| <input type="checkbox"/> Admission | <input type="checkbox"/> Compensation | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Discharge/Termination | <input type="checkbox"/> Disciplinary Action | <input type="checkbox"/> Failure to accommodate |
| <input type="checkbox"/> Failure to Hire/Non-selection | <input type="checkbox"/> Grading | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Hostile Environment | <input type="checkbox"/> Non-promotion | <input type="checkbox"/> Performance Evaluation |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Transfer | <input type="checkbox"/> Work/School Conditions |
| <input type="checkbox"/> Other _____ | | |

WHO DO YOU ALLEGE 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:

Name	Contact Number
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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.

AFFIRMATION

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

Signature

Date

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