

CECIL COUNTY HUMAN RESOURCES COMPLAINT FORM
 (Under provision of the Cecil County Charter 95 Discriminatory Practices)

Please fill in the information below as completely as possible and return this form to the Office of Human Resources, 200 Chesapeake Boulevard, Suite 2800 Elkton, MD 21921 (410) 996-5250.

| COMPLAINANT INFORMATION | | | | |
|---|--|--|---|-------------|
| Name: | | Telephone: | | Email: |
| Street Address: | | | City: | State: Zip: |
| Mailing Address: | | | City: | State: Zip: |
| RESPONDENT INFORMATION | | | | |
| Name: | | Telephone: | | |
| Street Address: | | | City: | State: Zip: |
| Mailing Address: | | | City: | State: Zip: |
| ALLEGED DISCRIMINATORY INCIDENT | | | | |
| Basis for Discrimination: <i>Check all that apply.</i> | | | Discriminatory or Wrongful Practice Involving: <i>Check all that apply.</i> | |
| <input type="checkbox"/> Race | <input type="checkbox"/> Occupation | <input type="checkbox"/> Administration of Justice | <input type="checkbox"/> Governmental Services | |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Education | <input type="checkbox"/> Housing | |
| <input type="checkbox"/> Color | <input type="checkbox"/> Political Opinion | <input type="checkbox"/> Employment | <input type="checkbox"/> Public Accommodations | |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Personal Appearance | <input type="checkbox"/> Other: <i>Please specify:</i> | | |
| <input type="checkbox"/> Origin | <input type="checkbox"/> Mental Handicap | | | |
| <input type="checkbox"/> Age | <input type="checkbox"/> Physical Handicap | | | |
| Give the name, address and telephone number of any other agency you contacted about this complaint: | | | Have you filed a complaint with the Office of Human Resources previously? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous complaint: _____ | |
| How did you hear about the Office of Human Resources? | | | | |
| Date of Incident: | | | Time of Incident: | |

Did anyone witness the events you described above? Yes No Please list the name, address and telephone number (if possible) of this person(s):

Describe what happened:

Parties to complaints may voluntarily resolve their differences without an extensive investigation or expenditure of resources by participating in a mediation process. Are you interested in participating in such a process? Yes No

I do hereby attest that I have submitted the foregoing complaint and to the best of my knowledge, it is true and correct.

Signature of Complainant

Date