



Montgomery County Government  
Office of Human Resource (OHR)  
101 Monroe Street 7th Fl.  
Rockville, MD 20850

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For Use by EEO Office

\_\_\_\_\_ V.

Date Received: \_\_\_\_\_  
Investigator Assigned \_\_\_\_\_

# Office of Human Resources EEO/Compliance & Diversity

## COMPLAINT FORM

Please print the following information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department/Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Supervisor/Managers Name: \_\_\_\_\_

Name of the person you believe discriminated against you  
(Respondent): \_\_\_\_\_

Agency Location: \_\_\_\_\_

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Age             | <input type="checkbox"/> Disability      | <input type="checkbox"/> Sexual Orientation    |
| <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Retaliation           |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex (gender)    | <input type="checkbox"/> Family Responsibility |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Pregnancy       | <input type="checkbox"/> Religion              |
| <input type="checkbox"/> Race            |  |  |
| <input type="checkbox"/> Genetic Status  |  |  |

What issues are associated with your complaint?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Recruitment     | <input type="checkbox"/> Performance Evaluation | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Promotion       | <input type="checkbox"/> Demotion               | <input type="checkbox"/> Transfer          |
| <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Discharge              |  |

When did the alleged discrimination occur?

Date: \_\_\_\_\_

Where did the alleged discrimination occur?

Location: \_\_\_\_\_

Describe what happened? (Please use extra pages if necessary)

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

If yes, Please provide witness names and contact number.

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Have efforts been made to resolve this complaint? Yes \_\_\_ No \_\_\_ If yes, what is the status?

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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, please describe the incident and when it occurred.

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Have you filed a complaint regarding this matter with any other entity? Yes \_\_\_ No \_\_\_

If yes, with what agency or organization did you file? \_\_\_\_\_

Would you like to participate in Mediation? Yes \_\_\_ No \_\_\_

### AFFIRMATION

*I affirm under the penalty of perjury that I have read the above complaint and that it is true to the best of my knowledge, information and belief.*

Signature

Date