MARYLAND DEPARTMENT OF TRANSPORTATION

Complaint of Discrimination

Complainant Information:

Name:	Telephone Number	
	W:	H:

Address:	City:	State:	Zip Code:

Are you an employee of the Department of Transportation? ☐ **Yes** ☐ **No**

If yes, at which Administration are you employed?

☐ TSO ☐ MVA ☐ MAA ☐ MDTA ☐ MPA ☐ SHA ☐ MTA

What is your current job classification? _____

Which Administration and office do you believe discriminated against you?

☐ TSO Office: _____ ☐ MVA Office: _____

☐ MAA Office: _____ ☐ MDTA Office: _____

☐ MPA Office: _____ ☐ SHA Office: _____

☐ MTA Office: _____

Name, title and address of person you believe discriminated against you:

Name:	Title:	Telephone Number: W:

Address:	City:	State:	Zip Code:

When was the last alleged discriminatory act? (Month, Day and Year)

The alleged discrimination was based on:

☐ Race ☐ Marital Status ☐ Military Status

☐ Color ☐ Sexual Orientation ☐ Religious Affiliation

☐ Age ☐ National Origin ☐ Political Affiliation or Opinion

☐ Gender ☐ Physical or Mental Disability ☐ Other:

The issue(s) involved was:

☐ Hiring ☐ Reasonable Accommodation ☐ Transfer

☐ Wages ☐ Termination ☐ Other:

☐ Promotion ☐ Layoff

Describe the alleged act(s) of discrimination. (Use additional pages if necessary.)

What corrective action do you want taken on your behalf?

Have you filed a complaint alleging the same discrimination with another state or federal agency?

☐ **Yes** ☐ **No**

If yes, with what agency?

_____ _____

SIGNATURE **DATE**

White Copy – EO Officer Canary Copy – TSO EO Office Pink Copy - Complainant