

Were there any witnesses to the alleged discrimination? Yes No

If yes, please provide witness names and contact information:

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

What corrective action do you believe would address your complaint?

Have you filed a previous complaint of discrimination with UMBC? Yes No If so, please describe the incident and when it occurred.

Who did you file this complaint with: EEOC _____ MCHR _____ Other _____

Please notify the Office of Human Relations of any changes in contact information while your complaint is being reviewed.

AFFIRMATION

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

Signature of Complainant

Date

Printed Name: _____