

**MARYLAND STATE POLICE
DISCRIMINATION - HARASSMENT INCIDENT REPORT**

Part I: What is the basis of the alleged discrimination? (At least one box must be selected)

Age	Marital Status	Genetic Information	Ancestry
Color	Sex (Gender)	Gender Identity & Expression	Disability
Race	Political Opinion	Mental or Physical Disability	Religion
Creed	National Origin	Sexual Orientation	Retaliation

Part II: What issues are associated with your complaint? (At least one box must be selected)

Sexual Harassment	Benefits	Failure to Hire
Discipline	Transfer	Failure to Promote
Work Environment/Harassment	Demotion	Discharge
Terms and Conditions	Wages	Constructive Discharge

DO NOT USE THIS FORM if a complaint is not based on any of the above discrimination factors.

For other issues, direct your concerns to a supervisor or the Office of Equity & Inclusion. Report concerns of a criminal nature to the Internal Affairs Division. Any questions may be directed to the Office of Equity & Inclusion.

Part III: Please complete all appropriate portions of this form. (If not applicable, please use N/A)

Complainant: (List additional complainants in narrative)

First Name: _____ MI: _____ Last Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
Date of Birth: _____ Race: _____ Gender: _____ ID#: _____
Rank/Classification: _____ Date of Hire: _____
Current Assignment: _____ Work Phone: _____
Immediate Supervisor's Name: _____
Immediate Supervisor's Rank/Classification: _____
Commander's Name: _____

Respondent: (List additional respondents in narrative)

First Name: _____ MI: _____ Last Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
Date of Birth: _____ Race: _____ Gender: _____ ID#: _____
Rank/Classification: _____ Date of Hire: _____
Current Assignment: _____ Work Phone: _____
Immediate Supervisor's Name: _____
Immediate Supervisor's Rank/Classification: _____
Commander's Name: _____

Witness: (List additional witnesses in narrative)

First Name: _____ MI: _____ Last Name: _____
Rank/Classification: _____ ID#: _____
Current Assignment: _____ Work Phone: _____
Race: _____ Gender: _____ Home Phone: _____

Complainant: (If different than in Part III)

First Name: _____ MI: _____ Last Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
Date of Birth: _____ Race: _____ Gender: _____ ID#: _____
Rank/Classification: _____ Date of Hire: _____
Current Assignment: _____ Work Phone: _____
Immediate Supervisor's Name: _____
Immediate Supervisor's Rank/Classification: _____
Commander's Name: _____

Location(s) of alleged discrimination: _____

Describe in detail what happened: (Please use additional pages if necessary)

Have efforts been made to resolve this complaint with the respondent? Yes No
(If YES, what was the outcome? If NO, what was the reason?)

Have efforts been made to resolve this complaint through your chain of command? Yes No
(If YES, what was the outcome? If NO, what was the reason?)

Have you filed a previous complaint of alleged discrimination? Yes No
(If so, please describe the incident and when it occurred)

Part IV: Complainant Affirmation

I affirm that I have read the above charge and that it is true to the best of my knowledge.

Complainant: _____ Date: _____

Part V: FOR OFFICE OF EQUITY & INCLUSION USE ONLY: Respondent Notification

The respondent has been advised that if the alleged conduct/behavior has occurred, that it is not appropriate and must cease immediately. The respondent has been cautioned against retaliatory acts.

Date of Notification: _____ Time of Notification: _____

Notified By: _____