



OFFICE USE ONLY

Case Number: \_\_\_\_\_

**MORGAN STATE UNIVERSITY  
OFFICE OF DIVERSITY, EEO, & TITLE IX  
DISCRIMINATION COMPLAINT FORM**

COMPLETED FORM SHOULD BE RETURNED TO:  
OFFICE OF DIVERSITY & EEO,  
Tyler Hall, Room 503  
1700 E. COLD SPRING LANE, BALTIMORE, MD, 21251  
[tara.berrien@morgan.edu](mailto:tara.berrien@morgan.edu)

**PLEASE COMPLETE THE FOLLOWING:**

**Name:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

*{Identify the name you would like us to use when working with you}*

**Pronouns of Use:**  He/Him/His  She/Her/Hers

They/Them/Theirs  *{Specify}* \_\_\_\_\_

**Status {Please check one}:**  Faculty  Staff  Student  Other/External

**EMAIL ADDRESS** \_\_\_\_\_

**Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_



**Work Telephone:** \_\_\_\_\_

**Preferred Method of Contact:**    Email       Home / Cellphone       Work Phone

**Preferred Time of Contact**       No Preference       9am-6pm       After 6pm

**Student ID:** \_\_\_\_\_

**Job Title/Student Classification:**

\_\_\_\_\_

**Work Unit/Department:**

\_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Supervisor's Job Title:** \_\_\_\_\_

**WHAT IS THE BASIS OF YOUR COMPLAINT? (CHECK ALL THAT APPLY)**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Age                 | <input type="checkbox"/> Color          | <input type="checkbox"/> Disability               | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Marital Status | <input type="checkbox"/> National Origin          | <input type="checkbox"/> Race            |
| <input type="checkbox"/> Religion            | <input type="checkbox"/> Retaliation    | <input type="checkbox"/> Sex (includes Pregnancy) |  |
| <input type="checkbox"/> Sexual Orientation  | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Other _____              |  |



**WHAT IS THE ISSUE ASSOCIATED WITH YOUR COMPLAINT? (CHECK ALL THAT APPLY)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admission                     | <input type="checkbox"/> Compensation           | <input type="checkbox"/> Demotion               |
| <input type="checkbox"/> Discharge/Termination         | <input type="checkbox"/> Disciplinary Action    | <input type="checkbox"/> Failure to accommodate |
| <input type="checkbox"/> Failure to Hire/Non-selection | <input type="checkbox"/> Grading                | <input type="checkbox"/> Harassment             |
| <input type="checkbox"/> Hostile Environment           | <input type="checkbox"/> Performance Evaluation | <input type="checkbox"/> Transfer               |
| <input type="checkbox"/> Work/School Conditions        | <input type="checkbox"/> Sexual Harassment      | <input type="checkbox"/> Sexual Assault         |
| <input type="checkbox"/> Domestic/Dating Violence      | <input type="checkbox"/> Stalking               | <input type="checkbox"/> Sexual Coercion        |
| <input type="checkbox"/> Sexual Intimidation           | <input type="checkbox"/> Sexual Exploitation    | <input type="checkbox"/> Other _____            |

**WHO DO YOU ALLEGE DISCRIMINATED AGAINST YOU (RESPONDENT)?**

NAME	JOB TITLE / STUDENT CLASSIFICATION

**WHEN DID THE ALLEGED DISCRIMINATION OCCUR?**

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**DESCRIBE WHAT HAPPENED.** (Please provide as much detail as possible and include information such as dates, locations, persons involved or present, behaviors, comments, other incidents, etc.)

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**LIST ALL WITNESSES TO THE INCIDENTS YOU DESCRIBED:**

Name	Email Address	Phone Number

**HAVE EFFORTS BEEN MADE TO RESOLVE THIS COMPLAINT WITH A SUPERVISOR OR UNIVERSITY OFFICIAL?  
(This is not necessary before filing a complaint)**

Yes  No

**IF YES, PLEASE INDICATE THE INDIVIDUAL(S), DATE OF COMPLAINT, AND THE STATUS OF THE COMPLAINT.**

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**WHAT IS YOUR REQUESTED REMEDY (WHAT CORRECTIVE ACTION DO YOU BELIEVE WOULD ADDRESS YOUR COMPLAINT)?**

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**HAVE YOU FILED A PREVIOUS COMPLAINT REGARDING THIS MATTER?  Yes  No IF SO, PLEASE DESCRIBE WHEN YOU FILED THE COMPLAINT AND THE STATUS OF THE COMPLAINT.**

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**WHERE DID YOU FILE THIS COMPLAINT?**

MORGAN  U.S. EEOC  MCCR  OCR  Other \_\_\_\_\_

**[Only for Complaints filed under the University's Sexual Harassment and Prohibited Conduct Policy]**

**DO YOU HAVE AN ADVOCATE/REPRESENTATIVE?  Yes  No IF SO, PLEASE PROVIDE THE INDIVIDUAL'S NAME AND CONTACT INFORMATION.**

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**IS YOUR ADVOCATE/REPRESENTATIVE AN ATTORNEY?  Yes  No**



**AFFIRMATION**

**I affirm that I have read the above complaint and that the information contained in this complaint is true and accurate to the best of my knowledge, information and belief. I am willing to fully cooperate in the EEO and/or Title IX investigation process and will provide whatever information and evidence that may be requested of me.**

**Also, I acknowledge my obligation to immediately notify the Office of Diversity, EEO, and Title IX of any changes relative to my contact information (e.g. address, telephone numbers, email address) during the investigation process.**

<b>Signature</b>	<b>Date</b>



**NOTICE CONCERNING YOUR RIGHTS TO FILE A COMPLAINT  
WITH A CIVIL RIGHTS ENFORCEMENT AGENCY**

An individual who believes they have experienced discrimination has a right to file a formal complaint with a State or federal civil rights enforcement agency. ***A person does not give up this right when they file a complaint with the University's Office of Diversity, EEO, and Title IX.***

The following State and federal agencies enforce laws against discrimination:

**Maryland Commission on Civil Rights (MCCR)**

6 St. Paul Street, 9<sup>th</sup> Floor, Baltimore, Maryland 21202  
Phone: 410-767-8600

**U. S. Equal Employment Opportunity Commission (EEOC)**

G.H. Fallon Federal Building 31 Hopkins Plaza, Suite 1432, Baltimore, Maryland 21201  
Phone: 410-962-3932

**U.S. Department of Education, Office for Civil Rights (OCR)**

The Wanamaker Building, 100 Penn Square East, Suite 515  
Philadelphia, PA 19107-3323  
Phone: 215-656-8541

The following statutory time periods for the timely filing of a charge of discrimination apply: (time period is measured from the date of occurrence of a discriminatory action):

1. **Maryland Commission on Civil Rights** – 2 years  
(Title 20, Subtitle 6, State Government Article,  
Annotated Code of Maryland)
2. **U.S. Equal Employment Opportunity Commission** – 300 days
3. **U.S. Department of Education, Office for Civil Rights** – 180 days

**Confidentiality – Information obtained as part of an investigation is confidential and disclosure of any investigatory information is subject to the provisions of Title 10, Subtitle 6 of the State Government Article, Annotated Code of Maryland.**





**AFFIRMATION**

I affirm that I have read the above notice concerning my rights to file a complaint with a federal, state, or local civil rights enforcement agency at any time before or after I file an internal complaint with the Morgan State University Office of Diversity, EEO, and Title IX, and that I am aware of the filing deadlines for those agencies.

<b>Signature</b>	<b>Date</b>

*{Please retain a copy for your records}*