

Instruction: Please download this complaint form first and then complete the applicable fields. Upon completion, please submit completed form and any other supporting documents which may include photos, video, texts, and/or emails to civilrights@umd.edu.

UNIVERSITY OF MARYLAND | OFFICE OF CIVIL RIGHTS & SEXUAL MISCONDUCT
DISCRIMINATION COMPLAINT FORM

Date of Complaint: _____
Date you are submitting this to the Office of Civil Rights & Sexual Misconduct

COMPLAINANT'S INFORMATION: The Complainant is the person alleging discrimination.

Name: _____
First, Last

UID#: _____ **Email:** _____

Phone: _____ **Status:** Staff Faculty
Student (graduate/undergraduate)

BASIS OF DISCRIMINATION:

On what basis, do you believe you have experienced discrimination? (*Please check below*)

- Race Color Sex Age Gender Identity/Expression
 Sexual orientation Marital status National origin Political Affiliation
 Protected Veteran Status Physical/Mental Disability Religion
 Personal Appearance Genetic information

RESPONDENT(S) INFORMATION: The Respondent is the person accused of discrimination.

Name: _____
First, Last

Email: _____ **Phone:** _____

Relationship to Respondent: Supervisor Staff Faculty
Student (graduate/undergraduate)

GENERAL INFORMATION:

What resolution or remedy are you seeking?

Have you reported this complaint to any other university official and/or engaged in any other university process (ex. grievance, arbitrary and capricious grading) (Please select) Yes or No
If yes, indicate name and state results

Are there any witnesses to the alleged discrimination? (Please select) Yes No
If yes, please indicate name(s) and contact information.

What happened?

Briefly, Please describe the specific discrimination - include when (dates), where, and how it occurred.

Date of most recent incident (format: month day, year)_____

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