

**Maryland Fire and Rescue Institute EEO Complaint Intake Form**

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

**Address:** \_\_\_\_\_

**Phone Contact:** \_\_\_\_\_

**Email Contact:** \_\_\_\_\_

1. During your tenure at the Maryland Fire & Rescue Institute do you believe that you were discriminated against by colleagues, staff, faculty, or the administration?

**Yes**                       **No**

If yes, please check any of the appropriate boxes that apply

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Race / Color                                       | <input type="checkbox"/> National Origin    | <input type="checkbox"/> Gender        |
| <input type="checkbox"/> Religion   | <input type="checkbox"/> Pregnancy          | <input type="checkbox"/> Age (Over 40) |
| <input type="checkbox"/> Marital Status                                     | <input type="checkbox"/> Sexual Harassment  |  |
| <input type="checkbox"/> Physical or Mental Disability or Medical Condition |   |  |
| <input type="checkbox"/> Other (specify)                                    | <input type="checkbox"/> Sexual Orientation |  |

2. During your tenure at the Maryland Fire & Rescue Institute did you have any need, interest or desire to consult with your supervisor, management, the University of Maryland Title IX Coordinator, Human Resources, or anyone else in the University of Maryland System about your issues or concerns?

**Yes**                       **No**

If yes, please provide details; if no, would you like to consult with your supervisor, management, the University of Maryland Title IX Coordinator, Human Resources, or anyone else in the University of Maryland System about your issues or concerns?

**Yes**                       **No**

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**Please complete the following information as necessary:**

**Date(s) of alleged unfair treatment or discrimination.**

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**Name of person(s) you believe treated you unfairly or discriminated against you.**

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**Describe the occurrence(s) leading to this complaint.**

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**What reason(s), if any were given for the action(s) taken against you? (i.e. laws, policy, rules & regulations, etc.).**

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**Please summarize why you believe you were treated differently or discriminated against. Include examples of person(s) treated more favorably for similar offenses**

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**Please list the name(s), of any and all witnesses, and specify what information you believe they will be able to provide relevant to your situation.**

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**What can these witnesses tell us?**

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**What specific remedy or corrective action are you seeking?**

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**I declare that the foregoing information is true and correct.**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_