

# BALTIMORE CITY PUBLIC SCHOOLS

**Catherine E. Pugh**  
*Mayor, City of Baltimore*

**Cheryl A. Casciani**  
*Chair, Baltimore City Board of  
School Commissioners*

**Dr. Sonja Brookins Santelises**  
*Chief Executive Officer*

## **Instructions on Filing a Complaint of Discrimination**

If you believe you have been treated differently because of your race or color, national origin or ethnicity, religion of creed, sex or gender, age, physical or mental disability, genetic information, marital status, sexual orientation, or gender identify or expression you have the right to file a complaint with the Office of EEO and Title IX Compliance.

You must file a complaint within 90 days of the most recent act(s) of discrimination or harassment.

After you file the complaint, it will be investigated. This process can take some time.

You are required to keep the Office of EEO and Title IX Compliance informed of any changes in your status, such as a change in schools or department reassignment, home address or phone changes, leave status, etc. You will also be expected to cooperate with the investigation.

### **Filing your Complaint:**

Please complete all parts of the form, especially your contact information.

When selecting the basis of your complaint, consider the following definitions:

**Race** – whether you are Caucasian, African-American, Asian, or Native American

**Sex or Gender** – male or female

**Sexual Harassment** – the harassment is of a sexual nature and is unwelcome.

**National Origin or Ethnicity** – whether you identify yourself as originally from another country or specific culture; you may also speak another language as a first language.

**Age** – under Federal law, you must be 40 years of age or older. Under Maryland Law, you are protected against age discrimination at the age when you can legally be employed.

**Sexual Orientation** – whether you are homosexual, bi-sexual, or heterosexual

**Religion or Creed** – whether you practice a particular faith or belief system

**Veteran Status** – you are currently or have formerly been a member of one of the Uniformed Services, e.g. Navy, Army, Coast Guard, Air Force, National Guard, etc.

**Disability** – whether you have a physical or mental disability

**Color** – whether the color of your skin is a factor in the treatment you describe

**Pregnancy** – whether you are pregnant, expecting to become pregnant, or not

**Genetic Information** – whether you have been identified with a specific genetic condition and treated differently because of that information.

**Marital Status** – whether you are single, married, divorced or widowed

**Gender Identify/Expression** – whether you identify yourself as a gender different from how you were born.

**Retaliation** – Have you *previously complained* to your supervisor, the Office of Human Capital, the Office of EEO and Title IX Compliance or other equal employment enforcement agency *of discriminatory acts by this/these individual(s)*.

Please return the completed, signed and dated form to the

**Office of EEO and Title IX Compliance**  
**Suite 208**  
**200 East North Avenue**  
**Baltimore MD 21202**

You may also call 410-396-5842 if you have any questions.

**OFFICE OF EEO AND TITLE IX COMPLIANCE**

**EEO COMPLAINT FORM**

Today's Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's ID No.: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee's Home or Personal Phone Number: \_\_\_\_\_

Employee's Personal Email: \_\_\_\_\_

Employee's Home Address: \_\_\_\_\_

\_\_\_\_\_

Employee's Current Position: \_\_\_\_\_

Employee's Current School/Office: \_\_\_\_\_

Employee's Work Phone Number: \_\_\_\_\_

Employee's Work Address: \_\_\_\_\_

Please state your preferred address for receiving correspondence:

\_\_\_\_\_ Home \_\_\_\_\_ Work

**Please answer the following questions as fully as possible. If you need more space please write your answers on a separate sheet of paper.**

1. Date(s) of alleged discrimination: \_\_\_\_\_ to \_\_\_\_\_

2. The basis of the alleged discrimination. Please refer to the definitions on the instructions pages and mark off each and every category that is (are) applicable to your situation:

Race \_\_\_\_\_ Gender/Sex \_\_\_\_\_ Sexual Harassment \_\_\_\_\_

National Origin or Ethnicity \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

Sexual Orientation \_\_\_\_\_ Religion or Creed \_\_\_\_\_

Veteran Status \_\_\_\_\_ Disability \_\_\_\_\_ Pregnancy \_\_\_\_\_

Genetic Information \_\_\_\_\_ Gender Identify/Expression \_\_\_\_\_

Retaliation \_\_\_\_\_

3. Please indicate the name of title of each person(s) that you believe has discriminated against you.

Name	Title	School/Office
1.		
2.		
3.		

**Please provide a detailed explanation of the nature of the alleged discrimination using the following format. Please use additional paper if needed.**

4. Please describe the act(s) that you believe to be discriminatory.

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5. When did the alleged discrimination happen? Is the alleged discrimination still happening?

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6. How often did the alleged discrimination occur?

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7. Where did the alleged discrimination happen?

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8. Who else may have been treated differently than you in a similar situation? Please provide their name(s), position(s), and contact numbers, if known.

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9. What action or response did you make (if any) when the alleged incident(s) happened or at any time afterwards?

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10. Did anyone witness any of the incident(s) that you have described?  
\_\_\_\_\_ If so, please provide their name(s):

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11. Is there anyone who may have any information relevant to your allegation of discrimination? \_\_\_\_\_ If so, please provide their name(s):

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12. Have you told anyone about the incident(s) that you have described?  
\_\_\_\_\_ If so, please provide their name(s):

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13. What remedy are you seeking? (How would you like this matter to be resolved?)

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14. Do you have any other relevant information, i.e. notes, or other documentation? If so, please describe or attach this information.

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I affirm to the best of my knowledge, information and belief that the above information is true, accurate and complete.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please return this form and any supplemental documents to:

**Office of EEO and Title IX Compliance**  
**Attn: EEO Manager**  
**Room 208**  
**200 East North Avenue**  
**Baltimore MD 21202**

**Complaints of Discrimination via External Agencies**

At any time, subject to the time limits of the external agency, you may file a complaint of discrimination with one of the following external agencies.

<b>Baltimore Community Relations Commission</b>	<b>Maryland Commission on Civil Rights</b>	<b>U.S. Equal Employment Opportunity Commission</b>
10 North Calvert Street Suite 915 Baltimore MD 21202	6 St. Paul Street 9 <sup>th</sup> Floor Baltimore MD 21202	100 South Howard Street 3 <sup>rd</sup> Floor Baltimore MD 21201

