Montgomery County, Maryland

Office of HUMAN RIGHTS

Creating a culture of service and a climate of fairness and inclusion

COMPLAINT INTAKE FORM

Date of Intake _____

☐ Interpretation Request; Language Requested: _____

COMPLAINANT:

Name: ☐ Mr. ☐ Ms. _____

Address: _____

_____

Telephone: (Home) _____ (Cell) _____ (Work) _____

E-mail Address: _____

Date of Birth _____ Social Security No _____

RESPONDENT:

Name: _____

Address: _____

_____

City _____ State _____ Zip Code _____

Telephone: _____ Number of Employees/Units _____

TYPE OF CASE/DIVISION OF COUNTY CODE:

☐ Employment ☐ Housing/Real Estate ☐ Public Accommodation ☐ Intimidation

BASIS OF DISCRIMINATION:

☐ Age	☐ Religious Creed	☐ Disability, Mental
☐ National Origin	☐ Sex/Gender	☐ Disability, Physical
☐ Race	☐ Sexual Orientation	☐ Marital Status
☐ Ancestry	☐ Gender Identity	☐ Family Responsibilities
☐ Color	☐ Genetic Status	☐ Presence of Children
☐ Retaliation	☐ Source of Income	☐ Other

WHEN DID DISCEIMINATION HAPPEN? _____

DESCRIBE THE DISCRIMINATION:

_____

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