



City of Annapolis
Office of Human Resources
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Annapolis, MD 21401-2535

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Human Relations Commission Statement of Complaint

Name _____

Address _____

Phone numbers _____

Email address _____

Party against whom the complaint is being filed _____

Basis of the complaint: _____

Date(s) of occurrence _____

Complaint is being filed for which of the following:

- | | |
|--|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Public accommodation |
| <input type="checkbox"/> Financing | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Other, please specify _____ | |

Complaint is based on which of these factors (check *all* that apply):

- | | |
|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Physical or mental disability |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Race / Ethnicity |
| <input type="checkbox"/> Marital status | <input type="checkbox"/> Religion |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Other, please specify _____ | |

Explain the actual event(s) that occurred:

Are you willing to mediate this complaint with the other party?

Yes

No

What do you want the Commission to accomplish for you?

I swear or affirm that the above is true to the best of my knowledge, information or belief.

Signature

Date
