



City of Annapolis
Office of Human Resources
145 Gorman Street, 2nd Fl
Annapolis, MD 21401-2535

HRCommission@annapolis.gov • 410-263-7998 • Fax 410-295-7999 • TDD use MD Relay or 711 • www.annapolis.gov

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:

- Education Housing
- Employment Public accommodation
- Financing Recreation
- Other, please specify _____

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

- Age Marital status Race / Ethnicity
- Gender National origin Religion
- Genetic information Physical or mental disability Sexual orientation
- 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 _____