

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE
Discrimination - Harassment Incident Report

Date of Incident: _____ Incident No. (If any): _____

Type of Incident: (Check Applicable Types)

Political Opinion/Affiliation Marital Status Race Color Age Creed Disability

Religious Opinion/Affiliation National Origin Sex Pregnancy Sexual Preference

If a complaint is not based on any of the above discrimination factors do not use this form. For such instances direct your concern to a supervisor or the Office of Fair Practice. Report concerns of a criminal nature to the Internal Affairs Unit. Any question may be directed to the Office of Fair Practice.

Victim:

Name: _____ I.D. No. : _____

Rank/Classification: _____ Sex: _____

Are you of Hispanic or Latino origin: Yes No Race: Multiracial respondents may select all applicable racial categories.

Black or African American American Indian or Alaska Native Asian

Date Appointed: _____ Home Phone No.: _____

Assignment: _____ Work Phone No.: _____

Immediate Supervisor: _____

Commander's Name: _____

Accused:

Name: _____ I.D. No.: _____

Rank/Classification: _____ Race: _____ Sex: _____

Are you of Hispanic or Latino origin: Yes No Race: Multiracial respondents may select all applicable racial categories.

Black or African American American Indian or Alaska Native Asian

Date Appointed: _____ Home Phone No.: _____

Assignment: _____ Work Phone No.: _____

Immediate Supervisor: _____

Commander's Name: _____

Witness:

Name: _____ I.D. No.: _____

Rank/Classification: _____ Assignment: _____

List additional witnesses on back of form

Complainant:

Name: _____ I.D. No.: _____

Rank/Classification: _____ Assignment: _____

Home Phone No.: _____ Work Phone No.: _____

Synopsis of the Incident: (if additional space is required, use separate page and attach):

Disposition: Include reference to the supervisory contact required as per Chapter 4, Section XX.

The accused has been advised that if the alleged conduct/behavior has occurred, that it is not appropriate and must cease immediately, and has been cautioned against retaliatory acts.

Commander's Signature: _____ **Date:** _____
Complaints of discrimination covered under the Civil Rights Act, Title VII may be forwarded to the Internal Affairs Unit for an official investigation if not appropriately handled at the local level.

Personnel Unit Use Only

Date received: _____ O.F.P. Case Number Assigned: _____

Comments:

Attachments: Yes No