Maryland
DEPARTMENT OF LABOR

Maryland Criminal Record Screening Complaint Form

Maryland Division of Labor and Industry

For Office Use Only: Reference _____ Complaint # _____

SECTION I. Complainant Information (*Note: Please print or type all information.)*

Name: _____
First Middle Initial Last

SSN/ITIN *(last four digits)*: _____

Address: _____
Street City State Zip Code

If you change your address or telephone number after submitting this form, please notify Employment Standards Service (ESS) immediately **in writing. If ESS cannot contact you, your complaint will be dismissed.*

Daytime Telephone: _____ Email Address: _____

Date applied for employment: _____

Were you hired? ☐ Yes ☐ No If yes, date hired: _____ Your last day worked: _____

Type of Business: _____ Start date: _____ End date: _____

SECTION II. Employer Information

Employer Name: _____

Is the employer still in business? ☐ Yes ☐ No Number of employees ☐ 1-14 ☐ 15 or more
(including full-time, part-time, temporary and seasonal)

Does the employer provide programs, services, or direct care to minors or to vulnerable adults? ☐ Yes ☐ No

Employer's Address: _____
Street City State Zip Code

Corporation name, if any: _____

Employer Contact: _____ Telephone: _____

Email: _____

Direct supervisor's name, if applicable: _____

SECTION III. Violation

1. How do you believe criminal record screening violations occurred?

☐ Requiring me to disclose whether I have a criminal record.

☐ Requiring me to disclose whether I have had criminal accusations against me.

☐ Retaliation against me for alleging a criminal record screening violation.

☐ Discriminating against me for alleging a criminal record screening violation.

☐ Other

SECTION IV. Complaint Details & Statement of Fact

1. In the space below, please provide details, including dates, regarding the alleged violation. Please be as specific as possible and attach additional sheets if needed.

2. Are any of the matters listed above pending in state or federal court? ☐ Yes ☐ No

V. Certification and Signature

I HEREBY CERTIFY that the statements herein, including any attachments, are true and accurate to the best of my knowledge. I UNDERSTAND that acceptance of this complaint by the Maryland Division of Labor and Industry does not guarantee relief. I AUTHORIZE the Division of Labor and Industry to receive any monies paid and mail such monies to me at my own risk.

Employee Signature: Date:

Employee Name (printed):

Department of Labor
Division of Labor and Industry
Employment Standards Service
10946 Golden West Drive, Suite 160
Hunt Valley, MD 21031
Telephone Number: (410) 767-2357 Fax: (410) 333-7303
Email: DLDLIMdLaborComplaint-dllr@Maryland.gov