



Baltimore County Volunteer Firefighter's Association

FAIR PRACTICES COMPLAINT FORM

(This covers complaints of discrimination, unfair treatment, or harassment within the Baltimore County Volunteer Firemen's member companies. Every effort should be made to file the complaint within thirty days after the complainant becomes aware of the alleged act(s) of discrimination, unfair treatment, or harassment.)

Name: _____ Company: _____

Telephone No.: _____ Date of Alleged Act: _____

Witness: _____ Witness: _____

Please describe particulars of the complaint. If additional space is needed, attach additional sheet(s). Include any additional supporting documentation or information.

Type of complaint (check all that apply): Discrimination Unfair Treatment Harassment

Have you notified a supervisor or officer of this complaint? Yes No
(If yes, who was notified, date notified, and what action was taken to date.)

I have read the above charge(s) and believe them to be true and accurate to the best of my knowledge.

Signature Date