

Department of Public Safety and Correctional Services

Office of Equal Opportunity

Request for Reasonable Accommodation Form

Date: _____

Contact Information:

* First Name: _____

* Last Name: _____

* Position: _____

Home Address

* Street: _____

* City: _____

* State: _____

* Zip Code: _____

* Work Phone: _____

* Home/Cell Phone: _____

* Assignment/Agency Division: _____

* Work Location: _____

* Email Address: _____

Race:

American Indian or Alaskan Native

Asian or Pacific Islander

Black

White

Other

I Decline to Answer

Gender:

Female

Male

I decline to answer

The above information is for statistical purposes only.

Data Relating to the Accommodation:

* Date Requested:

* Length of time:

* Type of Disability:

* My disability prevents me from performing the following: _____

* Type of Accommodation needed to perform my job duties: _____

I acknowledge I may be required to submit medical documentation from my health care provider

* Signature: _____

INSTRUCTIONS: Please complete complaint form online, print and either scan and email to PublicSafety.oeo@maryland.gov OR mail or hand carry to Office of Equal Opportunity, DPSCS, 6776 Reisterstown Road, Suite 307, Baltimore, MD 21215. Any questions call 410.585.3005.