

20%

"Disclosing Sexual Harassment in the Workplace Act of 2018" Employer Disclosure Survey*Reporting Period: October 1, 2018, through July 1, 2020*

Please read all of the instructions below before proceeding. This survey must be started and completed in the same session. The survey will time out after 20 minutes of inactivity, and progress cannot be saved for later return.

Chapters 738 & 739 of the *2018 Acts of the Maryland General Assembly* require each employer with 50 or more employees in the State of Maryland to electronically submit to the Commission on Civil Rights answers to a short survey on:

- (1) the number of settlements made by or on behalf of the employer after an allegation of sexual harassment by an employee;
- (2) the number of times the employer has paid a settlement to resolve a sexual harassment allegation against the same employee over the past 10 years of employment*; and
- (3) the number of settlements made after an allegation of sexual harassment that included a provision requiring both parties to keep the terms of the settlement confidential.

**If an answer is provided to Question 2, you will have to answer the following question as well: "Whether the employer took personnel action against an employee who was the subject of a settlement."*

Responses submitted through this survey satisfy the reporting period through July 1, 2020. Any responses submitted for this survey will **not** be used for the July 1, 2022, reporting period.

Please note that your responses will not be final until you e-sign and submit your responses at the end of the survey. This survey is only 5 pages long - you can view your progress in the top right corner of this browser window. Unfortunately, if you close the tab/browser, or if the browser crashes, then you will need to start over.

Once completed, all survey responses are final. If you have any questions, please contact Spencer Dove, Executive Associate, with the Maryland Commission on Civil Rights by email at spencer.dove@maryland.gov or by phone at 410-767-8576.

I have read the above instructions and am ready to proceed to the survey.

*

☒ Accept

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William Donald Schaefer Tower
6 Saint Paul Street, Suite 900
Baltimore, MD 21202-1631

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Number of Employees

This law requires only those employers with 50 or more employees (across all locations, not exclusively working in Maryland) to respond to this survey. If you answer "Fewer than 50" below, you will be taken to the end of this survey after clicking "Next".

Number of employees at all locations.

*

- ☐ Fewer than 50
- ☒ More than 50

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Employer & Respondent Contact Information

Please answer all questions completely. If you do not know the answer to the question, or if the question is not applicable, write "N/A".

Employer's Contact Information

Please include all of the information for the company, business, or organization that is the employer. **This section should not be used to provide an individual's personal contact information.**

Employer's Name

*

Employer's Mailing Address

*

Street

City

County

State

Zip

Please Select ▼

Employer's Phone Number(s)

*

Click the green (+) to add a Toll Free or Fax number. You can remove either field by clicking the red (-).

Main

**Employer's Email Address**

If the business or organization has a general/centralized email address for the the general public to use as a means of contact, please provide that information. For example, the Maryland Commission on Civil Rights' general email account is mCCR@maryland.gov.

Employer's Website**Respondent's Contact Information**

Please include contact information for the individual who is filling out this survey on behalf of the employer. If the employer has a primary point-of-contact that differs from the individual filling out this survey, please enter in that primary contact's information.

Respondent's Prefix**Respondent's First Name****Respondent's Middle Name/Initial****Respondent's Last Name****Respondent's Suffix**

Respondent's Professional/Job Title

Respondent's Relationship to Employer

Please specify if you are an employee or an authorized agent of the employer, such as the employer's attorney.

Respondent's Mailing Address

Street

City

County

State

Zip

Respondent's Phone Number(s)

Click the green (+) to add a Direct Line, Cell Phone, or Fax number. You can remove any field by clicking the red (-).

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Respondent's Email Address:

*

A courtesy copy of your responses to this survey will be automatically emailed to you at the address provided in this field upon completion of this survey.

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Required Questions of Employers

Please enter one numeric value in each of the boxes. Text responses and multiple numbers will not be accepted by the software. These questions are specified on page 4 of Chapters 738 & 739, *2019 Acts of the General Assembly*.

1. The number of settlements made by or on behalf of the employer after an allegation of sexual harassment by an employee.

*

2. The number of times the employer has paid a settlement to resolve a sexual harassment allegation against the same employee over the past 10 years of employment.

Note: If you enter a value larger than zero (0) in the field below, Question 2A will automatically populate when attempting to move to Question 3. Please give the browser a moment to refresh and display Question 2A.

*

3. The number of settlements made after an allegation of sexual harassment that included a provision requiring both parties to keep the terms of the settlement confidential.

*

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Final Review & Submission

You have reached the end of the "Disclosing Sexual Harassment in the Workplace Act of 2018" Employer Disclosure Survey - 2020 Reporting Period. If you wish to review the information you provided, please select "back" now. If you are satisfied with the information you provided, please consent and e-sign below. **Note that all submissions are final once you press "Submit", and cannot be altered.** A courtesy copy of your responses to this survey will be sent to the email provided in the "Respondent's Email Address" field on page 3.

I SOLEMNLY AFFIRM THAT THE CONTENTS SUBMITTED FOR THIS SURVEY ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND ABILITY; AND THAT I AM AUTHORIZED TO SUBMIT SUCH INFORMATION ON THE EMPLOYER'S BEHALF.

*



Accept

SIGNATURE:

*

ON BEHALF OF (CLIENT/EMPLOYER'S NAME):

*

If you are the employer filling this out on your own behalf, please write "Self".

DATE:

*

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