

DISCRIMINATION COMPLAINT FORM

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Person against whom the allegation is made: _____

Basis of alleged discrimination and/or harassment (circle one or more as appropriate):
race, color, creed, religion, national origin, gender, age, disability, sexual orientation,
gender identity, genetic information, marital status, , or veteran status.

Basis of alleged retaliation (e.g., filing of an earlier complaint).

Please describe below the alleged discriminatory, discriminatorily harassing and/or retaliatory acts (attach additional pages, as well as list of witnesses and any appropriate documents as necessary):

I affirm that the above complaint with attached ____ pages is true to the best of my knowledge, information and belief. I understand that a copy of this document may be disclosed to the person(s) against whom this complaint is made, to his or her representatives and to appropriate administrative personnel.

I understand that, depending on the nature of my complaint, I may have the right to file this complaint with the Massachusetts Commission Against Discrimination, the U.S. Equal Employment Opportunity Commission, or the Office for Civil Rights at the U.S. Department of Education. I acknowledge that I have been advised of the appropriate agency and the necessary time frames to file any such complaint.

Signature of Complainant

Date