



## Discrimination Complaint Form

Please provide the following information in order for us to process your complaint. This form is available in alternate formats and multiple languages. Should you require these services or any other assistance in completing this form, please let us know.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Please indicate the nature of the alleged discrimination:

Categories protected under Title VI of the Civil Rights Act of 1964:

- Race    Color    National Origin (including limited English Proficiency)

Additional categories protected under related Federal and/or State laws/orders:

- |                                             |                                    |                                           |
|---------------------------------------------|------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Disability         | <input type="checkbox"/> Age       | <input type="checkbox"/> Sex              |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Religion  | <input type="checkbox"/> Ancestry         |
| <input type="checkbox"/> Gender             | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Gender Identity  |
| <input type="checkbox"/> Gender Expression  | <input type="checkbox"/> Creed     | <input type="checkbox"/> Veteran's Status |
| <input type="checkbox"/> Background         |                                    |                                           |

### Who do you allege was the victim of discrimination?

- You    A Third Party Individual    A Class of Persons

### Name of individual and/or organization you allege is discriminating:

\_\_\_\_\_

**Do you consent** to the investigator sharing your name and other personal information with other parties to this matter when doing so will assist in investigating and resolving your complaint?

- Yes    No

Please describe your complaint. You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation of your allegations. Please include any other documentation that is relevant to this complaint. You may attach additional pages to explain your complaint.

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**Have you filed this complaint with any other agency (Federal, State, or Local)?**

Yes  No

If yes, please identify: \_\_\_\_\_

**Have you filed a lawsuit regarding this complaint?**

Yes  No

If yes, please provide a copy of the complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to:

Title VI Specialist,  
Boston Region  
Metropolitan Planning  
Organization, 10 Park  
Plaza, Suite 2150,  
Boston, MA 02116

Title VI Coordinator,  
MassDOT Office of  
Diversity and Civil  
Rights, Suite 3800, 10  
Park Plaza, Boston, MA  
02116

Email to:

[civilrights@ctps.org](mailto:civilrights@ctps.org)

MassDOT.CivilRights@  
state.ma.us

OR