

# DISCRIMINATION COMPLAINT AGAINST THE CENTRAL MASSACHUSETTS METROPOLITAN PLANNING ORGANIZATION (CMMPO)

If you need assistance completing this form, please contact CMMPO at (508) 756-7717.

## Complainant Contact Information

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Complaint

Date of alleged incident: \_\_\_\_\_

Decision, document, statement, or other act that you believe was discriminatory:

\_\_\_\_\_

\_\_\_\_\_

If you believe that one or more MPO employees discriminated against you, name of employee(s), if known: \_\_\_\_\_

\_\_\_\_\_

Basis of alleged discrimination:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Age              | <input type="checkbox"/> Ancestry                      |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Disability       | <input type="checkbox"/> Sexual orientation            |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Income           | <input type="checkbox"/> Gender identity or expression |
| <input type="checkbox"/> Language        | <input type="checkbox"/> Religion         | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Gender          | <input type="checkbox"/> Military service |  |

Describe the nature of the incident. Explain what happened and the allegedly discriminatory action(s). Indicate who was involved. Include how other people were treated differently, if present, or how you believe others would have been treated differently if they had been present. Attach any written or graphic material or other information pertaining to the complaint.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List names and contact information of anyone who may have knowledge of the alleged discrimination.

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

How do you think this issue can be resolved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the course of conducting a thorough complaint review process, it may become necessary to disclose your name to persons other than those conducting the review. To allow this, sign, date, and submit the consent/release form, enclosed for your convenience.

This discrimination complaint form must also be signed and dated below.

*I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances occurred as I have described them.*

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

Attachments:  Yes  No

Please submit complaint form, consent/release form, and any additional information to:

Mr. Richard A. Davey, Chair  
Central Massachusetts Metropolitan Planning Organization  
State Transportation Building  
10 Park Plaza, Suite 2150  
Boston, MA 02116-3968