

Rebecca Coletta, President | Mary Waldron, Executive Director

(508) 583-1833

70 School Street, Brockton, MA 02301

www.oldcolonyplanning.org

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 alleg	ged discriminatio	on:
Categories protected under Title VI of the	he Civil Rights Act	t of 1964:
☐Race ☐Color ☐National	l Origin (including	limited English proficiency)
Additional categories protected under re	elated Federal and	d/or State laws/orders:
☐Disability ☐Age ☐Sex ☐	Sexual Orientatio	on □Religion □Ancestry
☐Gender ☐Ethnicity ☐Gend	der Identity 🔲 Ge	ender Expression
Veteran's Status ☐Background	☐ Low-Income	
Who do you allege was the victim of	discrimination?	
☐ You ☐ A Third Party Individual	☐A Class of Pers	sons
Name of individual and/or organization	on you allege is o	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
dates, time of your alle	scribe your complaint. You should include specific details such as names, es, witnesses, and any other information that would assist us in our investigation egations. Please include any other documentation that is relevant to this You may attach additional pages to explain your complaint.
Have you	filed this complaint with any other agency (Federal, State, or Local)?
□Yes	□No
If yes, plea	ase identify:
	filed a lawsuit regarding this complaint?
∐Yes	∟No
If yes, plea	ase provide a copy of the complaint.
Signature:	Date:
Mail to:	Title VI Coordinator, Old Colony Planning Council, 70 School Street, Brockton MA 02301
	Title VI Coordinator, MassDOT Office of Diversity and Civil Rights, Suite 3800 10 Park Plaza, Boston, MA 02116
Email to:	mwaldron@ocpcrpa.org

MassDOT.CivilRights@state.ma.us