

Please fill out this form as completely as possible. If you have any questions, please feel free to contact us at 617.993.2795. We will respond to your complaint within three days of its receipt.



Discrimination Complaint Form

Date of Completion of this Form	Your Phone Number	
	Alternative Phone Number	

Name of Complainant (YOU)			
Address			
City	State	Zip	
Email Address			

Race/Ethnicity		<i>(Please check the appropriate box or boxes.)</i>
<input type="checkbox"/> American Indian or Native Alaskan	<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
Gender:		

1 Nature of Complaint		
<input type="checkbox"/> Education	<input type="checkbox"/> Services	<input type="checkbox"/> Housing
<input type="checkbox"/> Employment	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Public Accommodations <i>(specify)</i>
<input type="checkbox"/> Other <i>(specify)</i>		

2 On what basis do you believe your rights were violated?			<i>(check all that apply)</i>
<input type="checkbox"/> Race	<input type="checkbox"/> Age	<input type="checkbox"/> Gender	
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Sexual Orientation	
<input type="checkbox"/> Color	<input type="checkbox"/> Family/Marital Status	<input type="checkbox"/> Gender Identity or Expression	
<input type="checkbox"/> Religious Views	<input type="checkbox"/> Disability	<input type="checkbox"/> National Origin	
<input type="checkbox"/> Military Status	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Source of Income	
<input type="checkbox"/> Other <i>(specify)</i>			

3	Please describe the nature of your complaint

4	Whom do you believe discriminated against you? <i>Person/Organization whom you believe engaged in discrimination ("Respondent")</i>
Respondent Name	
Respondent Address	
Respondent City/ST/Zip	
Respondent Phone Number	
Other Contact Information	
Date of most recent discriminatory act	

Belmont Human Rights Commission

5	Have you lodged your complaint with the Respondent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
----------	--	--------------------------	------------	--------------------------	-----------

If Yes, date lodged?	
-----------------------------	--

6	Have you filed your complaint with a federal, state, or local anti-discriminatory agency?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
----------	--	--------------------------	------------	--------------------------	-----------

If Yes, which one?	
---------------------------	--

If Yes, date filed?	
----------------------------	--

Signature of Complainant

Date

Please return this form via Mail to:
Belmont Human Rights Commission
c/o Town Administrator's Office
455 Concord Avenue
Belmont, MA 02478
or via Email to:
Belmont.hrc@gmail.com

Reasonable accommodations will be provided to persons with disabilities who require assistance. If you need a reasonable accommodation, please contact the Commission.