

Discrimination Complaint Form

Please type or print clearly in dark ink

You must complete the entire form. Unclear or incomplete forms will be returned to you

Make sure you enclose copies (not originals) of documents concerning your complaint

Person Filing Complaint:

Name _____ Home Tel# _____

Address _____ Business or cell # _____

City/Town _____ State _____ zip code _____

Email _____

Person or Entity You are Lodging the Complaint About:

Name _____ Home Tel# _____

Address _____ Business or cell # _____

City/Town _____ State _____ zip code _____

You Believe You Were Discriminated Against Because of Your:

Race ___ Sex ___ Sexual Orientation ___ Gender Identity ___ National Origin ___ Color ___

Age ___ Disability ___ Housing ___ Religion ___ Economic Status ___ Other ___

Explanation of the complaint (be as specific as possible):

Please attach additional information as needed.

Are you aware of other individuals who may have been subjected to the alleged discriminatory conduct? If yes, please provide names, addresses and telephone numbers, if possible.

Are you represented by a private attorney? If yes, please provide name, address and contact information:

Is a court action pending? If yes, please provide a docket number and a copy of the complaint.

I certify that this information provided above is correct to the best of my knowledge.

Signature of complainant

date

Please attach photo copies (not originals) of any documents which may support your complaint.

Send to: Town of Wakefield
Office of Town Administrator
Lafayette Street
Wakefield, MA 01880
Attn.: Human Rights Commission

Please Note: that your concern/complaint will be reviewed by the Town Administrator and referred to the Human Rights Commission, if so determined, and/or will go to another Town authority (e.g. Police Department, Housing Authority etc..) when appropriate. You and the Commission will be kept abreast of the status of the complaint until resolution.