



**MEDFORD, MASSACHUSETTS  
MAYOR BREANNA LUNGO-KOEHN**

**City of Medford  
CIVIL RIGHTS COMPLAINT FORM**

This is the complaint form to report incidents of hate issues within the City of Medford ONLY. An original, signed complaint form should be mailed or delivered by hand within three (3) months of the most recent discriminatory act.

**Blank forms are available in the Office of Diversity and Human Resources in Room 204** or can be mailed to you upon request via phone (781)-393-2454.

**Complainant** (This is you)

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

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

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

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

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

**Respondent** (This is the person you think violated your rights.)

Name of Individual: \_\_\_\_\_

Name of Business (if applicable): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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(Fill in as much as you know.)

**In what area do you believe your rights were violated?** (Check all that apply.)

Employment  Education  Housing  Public accommodation<sup>1</sup>

Services  Credit/Lending  Recreation  Public Area

Other (specify): \_\_\_\_\_

**Why do you believe your rights were violated?** (Check all that apply.)

Race  Ethnicity  Color  Religious views  National origin

Citizenship  Age  Ancestry  Family/marital status

Disability  Military status  Source of income  Sex

Sexual orientation  Gender identity or expression

Other (specify): \_\_\_\_\_

**Please summarize how you feel your human rights were violated.**

(Add additional pages if you need more room.)

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<sup>1</sup> Public accommodations are places open to and accepting the patronage of the general public. Some examples include: hotels, restaurants, theaters, sports stadiums, houses of worship, stores, gas stations, funeral parlors, employment agencies, banks, hospitals, nursing homes, pharmacies, libraries, transportation vehicles and stations, parks, zoos, childcare centers, homeless shelters, food banks, adoption agencies, gyms, beaches, and providers of professional services such as lawyers, doctors, dentists, accountants, and insurance agents.

More information: [www.mass.gov/ago/consumer-resources/your-rights/civil-rights/public-accomodation.html](http://www.mass.gov/ago/consumer-resources/your-rights/civil-rights/public-accomodation.html)



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**Date of most recent incident:** \_\_\_\_\_

**OPTIONAL:**

**What remedy are you seeking? (How do you want us to help?)**

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**If another agency is investigating this incident, which one(s)? (Check all that apply.)**

- None
- United States Equal Employment Opportunity Commission (EEOC)
- Massachusetts Commission Against Discrimination (MCAD)
- Massachusetts Attorney General
- Massachusetts Department of Education
- Other (please specify): \_\_\_\_\_

Sign below to show that you have read and agree with the following statement:

**I declare that I have read this foregoing, and I subscribe to it, and the allegations are true to the best of my knowledge and belief.**

**Signature:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

\_\_\_\_ Check here if you want a copy of your Complaint transmitted to the City of Medford's Human Rights Commission.



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**Please note that all correspondence with the City of Medford and the Human Rights Commission are public and are subject to public records laws unless an expectation exists. You can also call to speak confidentially with the Director of Diversity and Human Resources about your options before filing a complaint.**

You can reach the Office of Diversity and Human Resources at 781-393-2454 or by emailing Human Resources Assistant Vivienne Wright at [VWright@medford-ma.gov](mailto:VWright@medford-ma.gov)

Mailing/hand delivery address:

**Medford City Hall  
Office of Diversity and Human Resources  
85 George P. Hassett Dr. Room 204  
Medford, MA 02155**