



Civil Rights 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		(Please check the appropriate box or boxes.)
☐	American Indian or Native Alaskan	☐
☐	Hispanic or Latino	☐
☐	Asian	☐
☐	Native Hawaiian or Other Pacific Islander	☐
☐	Black or African American	☐
☐	White	☐
Gender:		

1 Nature of Complaint		
☐	Education	☐
☐	Services	☐
☐	Housing	☐
☐	Employment	☐
☐	Law Enforcement	☐
☐	Public Accommodations (specify)	
☐	Other (specify)	

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

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		

5	Have you lodged your complaint with the Respondent?	☐	Yes	☐	No
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If Yes, date lodged?	
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6	Have you filed your complaint with a federal, state, or local anti-discriminatory agency?	☐	Yes	☐	No
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If Yes, which one?	
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If Yes, date filed?	
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Signature of Complainant

Date

Please return this form via Mail to:

Office of Diversity, Equity, and Inclusion

c/o Frances N. Nwajei

85 George P Hassett Dr.

Room 101

Medford, MA 02155

or via Email to:

fnwajei@medford-ma.gov

If you need a reasonable accommodation to complete this form, please contact the City of Medford's ADA Coordinator, Frances N. Nwajei at fnwajei@medford-ma.gov or (781) 393-2439.