Discrimination Complaint Form

Newton Health and Human Services Department (617) 796-1420

Date

Name of complainant

Street address, City, ST, ZIP Code

Primary phone number | Other phone number

Email address

1. Nature of complaint

☐ Education
☐ Hate incident
☐ Employment
☐ Other (please specify) _____

For housing complaints, download the Housing Discrimination Complaint Form on our website at www.newtonma.gov/hrc

2. Please describe the nature of your complaint. You may attach additional pages if needed.

3. Who do you believe discriminated against you?

Respondent (Person/Organization who you believe engaged in discrimination)

Address of respondent

Date of most recent discriminatory activity

4. Have you lodged your complaint with the respondent? ☐ Yes ☐ No

5. Have you filed your complaint with a federal, state, or local anti-discriminatory agency? ☐ Yes ☐ No

If yes, which one? _____

6. Have you filed your complaint with any court? ☐ Yes ☐ No

If yes, which one? _____

Signature of complainant

Date

Please return this form to: Newton Human Rights Commission,
1000 Commonwealth Ave, Newton, MA 02459
-or- hrc@newtonma.gov

Reasonable accommodations will be provided to persons with disabilities who require assistance. If you need a reasonable accommodation, please contact the City of Newton's ADA/Sec. 504 Coordinator, Jini Fairley, jfairley@newtonma.gov or (617) 796-1253. The City's TTY/TDD direct line is (617)-796-1089. For the Telecommunications Relay Service (TRS), please dial 711.