



Discrimination Complaint Form

Please provide the following information in order for us to process your complaint. This form is available in alternate formats and multiple languages. Should you require these services or any other assistance in completing this form, please let us know.

Name:		
Address:	.	
Telephone Numbers: (Home)	(Work)	(Cell)
Email Address:		
Please indicate the nature of the all	leged discrimination	n:
Categories protected under Title VI of	the Civil Rights Act	of 1964:
☐Race ☐Color ☐Nation	al Origin (including li	mited English Proficiency)
Additional categories protected under	related Federal and	or State laws/orders:
☐Disability ☐Age ☐Sex ☐	☐Sexual Orientation	Religion Ancestry
☐Gender ☐Ethnicity ☐Ge	nder Identity 🔲 Ger	nder Expression
☐ Veteran's Status ☐ Backgro	ound	
Who do you allege was the victim of	of discrimination?	
☐ You ☐ A Third Party Individual	☐ A Class of Person	ons
Name of individual and/or organiza	tion you allege is d	iscriminating:
Do you consent to the investigator sl with other parties to this matter when your complaint?		
□Yes □No		

Please describe your complaint. You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation of your allegations. Please include any other documentation that is relevant to this complaint. You may attach additional pages to explain your complaint.		
□Yes [filed this complaint with any other agency (Federal, State, or Local)? No se identify:	
	filed a lawsuit regarding this complaint?	
∐Yes L	⊒No	
If yes, plea	se provide a copy of the complaint.	
Signature:	Date:	
Mail to:	Title VI Coordinator, Cape Cod Metropolitan Planning Organization, 3226 Main Street, P.O. Box 226, Barnstable, MA 02630	
	Title VI Coordinator, MassDOT Office of Diversity and Civil Rights, Suite 3800, 10 Park Plaza, Boston, MA 02116	
Email to:	mhevenor@capecodcommission.org	
	MassDOT.CivilRights@state.ma.us	