

MASSACHUSETTS CIVIL SERVICE COMMISSION – REQUEST FOR EQUITABLE RELIEF (NON-BYPASS)

Name of Person Filing Appeal
(Appellant):

City, Town or State Agency whose action or
inaction you are appealing (Respondent):

Appellant Street or P.O. Box:

Respondent Street or P.O. Box:

Appellant City, State, Zip Code:

Respondent City, State, Zip Code:

Appellant Contact Phone Number:

Have you ever filed an appeal with the Commission before?

Appellant Email Address:

Brief Statement of the action or inaction that you are appealing (Attach a separate page if needed):

REQUIRED NEXT STEPS BY APPELLANT

1. Attach a check or money order in the amount of \$75.00 made payable to: Civil Service Commission.
2. If applicable, attach a copy of the written decision or other correspondence you received from the Respondent.
3. Mail or hand-deliver this appeal form to the Civil Service Commission at One Ashburton Place; Room 503, Boston, MA 02108. (For those appeals received via mail, the postmark date will be used to determine the receipt date with the Commission.)
4. Mail or hand-deliver a copy of this appeal form to the Respondent.

WHAT HAPPENS AFTER THE COMMISSION RECEIVES YOUR APPEAL FORM?

1. Within ten (10) days, you and the Respondent will receive an Acknowledgment Form from the Commission along with a "Notice of Pre-Hearing Conference". The pre-hearing conference is usually held within thirty (30) days from the time the Commission received your appeal.
2. You and the Respondent are required to attend the Pre-Hearing Conference at which time a member of the Commission will provide further details about how your appeal will proceed.

SIGNATURE OF APPELLANT:

TODAY'S DATE: