

Office of the Massachusetts Attorney General Civil Rights Division

CRIMINAL HISTORY - CIVIL RIGHTS COMPLAINT

Please print legibly and fill out both sides.

I. YOUR CONTACT INFORMATION

Name: <i>First</i>	Middle Initial	Last		
Mailing address:			Home phone: ()	
City/State:		Zip:	_ Cell phone: ()_	
Email address:				
I. COMPLAINT AGAINST				
Name:				
Name: First	La	ast		
Company Name (if known):				
Address:		Pho	one: ()	
City/State:		Zip:	_	
II. Type of Discrimination Please select below:				
☐ Employment	Housing (Other		
Was there a criminal record ques	tion on your employment or	housing application?	Yes	☐ No
		uvenile Cases/Adjudio	•	
For employment complaints: Were Check all that apply. On the initial application		, , ,		?
Final interview	After job offer	Other		
Did you authorize the housing p	rovider or employer to cond	uct a background chec	k? Yes	☐ No
Were you given notice of an adverse decision based upon your criminal record?			Yes	☐ No
Were you given a copy of your criminal record?			Yes	☐ No
			nal record? 🔲 Yes	

IV. ADDITIONAL INFORMATION Are you represented by an attorney or working with another agency/organization on this issue? Yes ■ No If yes, attorney/agency/organization name: Please describe your complaint or concern. Include dates, names, contact information, and any additional information you think may be relevant concerning this matter. ACKNOWLEDGEMENT AND INFORMATION RELEASE I. Disclosure of Your Complaint. Public Record. Under most circumstances, your complaint, and any documents submitted with your complaint, will be considered a public record and available to any member of the public upon request. In response to such a request, we generally will not disclose your name, address, phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted. Disclosure to the Person or Entity that is the Subject of Your Complaint. In order to resolve your complaint, we may release information about this complaint to the person or entity that is the subject of your complaint. Disclosure to Other Entities. Your complaint and any related information may be disclosed in its entirety to other law enforcement and regulatory agencies.

II. Consulting With a Private Attorney.

The AGO cannot give you legal advice and is not able to be your private attorney, but represents the public interest. If you have any questions concerning your individual legal rights or responsibilities you should contact a private attorney.

I acknowledge that I have read and understood the provisions above and certify that the information I have provided is true and correct to the best of my knowledge.

Applicant signature:		Date:
11 0	·	<u> </u>

Return completed application to:

Office of Attorney General Civil Rights Division One Ashburton Place, Boston, MA 02108

Phone: (617) 963-2917 Fax: (617) 742-5762 TTY: (617) 727-4765

Email: civilrights@state.ma.us