

Massachusetts Department of Public Utilities Civil Rights & Non-Discrimination Grievance Form

It is the policy of the Massachusetts Department of Public Utilities (“DPU”) that no person shall be denied benefits or subjected to discrimination, intimidation, or retaliation in any DPU program, service, or activity on the basis of that person’s sex, race, color, religion, creed, national origin (including limited English proficiency), gender identity, income, class, disability, age, sexual orientation, ethnicity, genetic information, ancestry, or status as a veteran. DPU also requires its contractors to comply with this policy.

DPU does not discriminate on the basis of sex, race, color, religion, creed, national origin (including limited English proficiency), gender identity, income, class, disability, age, sexual orientation, ethnicity, genetic information, ancestry, or status as a veteran in administration of its programs or activities. DPU does not retaliate against or intimidate any individual because they have exercised their rights to participate in actions protected by applicable federal and state civil rights and non-discrimination laws and regulations; oppose actions prohibited by applicable federal and state civil rights and non-discrimination laws and regulations, or for the purpose of interfering with such rights. DPU is responsible for coordination of compliance efforts and receipt of inquiries concerning non-discrimination requirements implemented by federal or state law, including Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975.

Anyone who believes that they or any specific class of persons has been subjected to discrimination or has experienced intimidation or retaliation by DPU, in any of its programs or activities, or one of its employees or contractors that is prohibited by federal or state non-discrimination law may submit this grievance complaint form to DPU. (See Sections II and III below).

The grievance must be filed within 180 calendar days of the date(s) of occurrence of the alleged discriminatory action or date of discovery or the last instance of an alleged continuing occurrence. If the alleged discrimination is based on a series of continuing actions, please provide details indicating when the alleged discrimination began and how it continued through the most recent act of alleged discrimination. DPU’s grievance procedure does not prevent the petitioner from filing formal complaints with other state or federal agencies, or from seeking private counsel for complaints alleging discrimination.

Section I: Contact Information		
Name:	Telephone:	Telephone (work):

Address:	City, State, Zip Code:
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Do you need documents related to processing this grievance in an accessible format?

Large Print _____ Audio tape _____ TDD _____ Other _____

If yes, contact DPU's Non-Discrimination Coordinator, Andrea Rivera Casul at (857) 274-6194 or andrea.r.casul@mass.gov.

TTY# Mass Relay Service 1-800-439-2370

Section II: Discrimination Grievance

Date of alleged discriminatory act, date when the complainant became aware of the alleged discriminatory act, or date of last act in a series of alleged discriminatory actions:

Name(s), address(es), and titles(s) of alleged discriminating officials, or entities:

DPU Location of incident if applicable:

The name, address and telephone number of your attorney or authorized representative, if applicable:

The name(s), address(es), and telephone number(s) of the person(s) discriminated against (if different from the petitioner), and an explanation of the petitioner's relationship to the person(s):

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Please indicate the base(s) on which you believe the alleged discrimination occurred:

Categories protected under Federal Civil Rights Laws:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin (including limited English Proficiency)
<input type="checkbox"/> Disability	<input type="checkbox"/> Sex	<input type="checkbox"/> Age
		<input type="checkbox"/> Intimidation and/or Retaliation

Categories protected under State law/orders:

<input type="checkbox"/> Disability	<input type="checkbox"/> Creed	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Religion	<input type="checkbox"/> Ancestry
<input type="checkbox"/> Gender	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Age	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Veteran's Status
<input type="checkbox"/> Background	<input type="checkbox"/> Other (indicate)				

Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how other members of the public were treated differently than you. Also attach any written material pertaining to your grievance, including contact information for any witnesses of the action(s) giving rise to the grievance. If more space is needed, use additional sheets.

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Section III: Have you filed a grievance with any other state, local or federal agency or court?

Yes

No

If you answered yes to the above question, please provide the agency name(s) and contact information of the person at the agency/court where the grievance was filed. You may attach additional sheets with more information if needed.

Agency Name(s):

Contact Person:

Address:

City:

State:

Zip:

Phone Number:

Please Note: You may file a Title VI grievance with a federal agency or with the EEA/DPU Office of Environmental Justice or with both. Grievances may be filed with the EEA/DPU Office of Environmental Justice at the address indicated on the last page of this form.

Please be aware: Grievances based *only* on state protections can only be filed with the DPU.

Section V: Signature:

Please sign below. You may attach any written materials or other information that you think is relevant to your grievance or complaint.

Signed under the pains and penalties of perjury this _____ day of _____, 20____.

Signature

NOTE: The DPU cannot accept a grievance or complaint without a signature.

Please submit electronically or mail your completed form to:

**Department of Public Utilities
One South Station, Third Floor,
Boston, MA 02110**

Attn: Andrea Casul, Non-Discrimination Coordinator

Email: andrea.r.casul@mass.gov