



The Commonwealth of Massachusetts Commission Against Discrimination

1 ASHBURTON PLACE, SUITE 601, BOSTON, MA 02108

Sunila Thomas George
Chairwoman

Monserrate Rodríguez Colón
Commissioner

Neldy Jean-Francois
Commissioner

INSTRUCTIONS FOR FILING A MAIL-IN COMPLAINT:

The Massachusetts Commission Against Discrimination (MCAD) must receive your completed complaint—including all the requested information below—*within 300 days of the last discriminatory act (6 months for higher education admission complaints)*. If your complaint lacks the requested information, the MCAD will inform you through a mailed letter (or through an email if your email address is provided) and request you to schedule an in-person or virtual intake appointment with an MCAD intake specialist. The allegations of your complaint will require an additional review process to ensure the MCAD has jurisdiction over the complaint before beginning its investigation. If it is determined that your complaint is not within MCAD jurisdiction or is not covered under [M.G.L. c. 151B](#), your complaint may be dismissed.

Required information to include in your complaint:

- Your name, mailing address, phone number, and if possible, email address.
- The name and contact information (at least a mailing address) for any parties who you are filing against.
- Allegations must:
 - Identify what is motivating the discriminatory treatment, otherwise known as your protected class(es) (e.g., age, race, color, religion, national origin, sex, gender identity, sexual orientation, genetic information, pregnancy, ancestry, veteran status, age, disability, and military service) and state personal identification with regard to that category / those categories;
 - Explain how the treatment was discriminatory (according to M.G.L. c. 151B)
 - Include any statements made to you that relate to your protected class—as close to direct quote as possible;
 - Outline a timeline of the events including, to the extent possible, specific dates for all allegations, indicating when the alleged incident occurred (month, day, and year where possible);
 - Provide the name the individual(s) involved, including naming those who engaged in discriminatory conduct, those individuals that are being treated differently from you, and how those individual(s) identify with regard to the protected class(es) the claim is being brought under, *to the extent possible*.
- Per MCAD procedure, your complaint must close with the following statement:
 - *“I swear that the contents of this complaint are true and accurate to the best of my knowledge. Signed under the pains and penalties of perjury.”*

ALL COMPLAINTS MUST BE SIGNED AND DATED TO BE ACCEPTED. COMPLAINT LETTERS WILL BE RETURNED IF ALL THE ABOVE INFORMATION AND/OR SIGNATURE IS NOT INCLUDED. Complaints are not accepted via email or fax.

**Completed complaints must be mailed or delivered to:
Massachusetts Commission Against Discrimination
Attn: Intake Supervisor
1 Ashburton Place
Suite 601
Boston, MA 02108**