**Massachusetts Department of Environmental Protection**

**Civil Rights & Non-Discrimination Grievance Form**

The Massachusetts Department of Environmental Protection (MassDEP) operates its programs, services and activities in compliance with all applicable nondiscrimination laws. MassDEP complies with applicable federal and state laws and regulations and does not condone discrimination, intimidation, threats, coercion or retaliation against any individual or group.

Anyone who believes that they or any specific class of persons has been subjected to discrimination or has experienced intimidation or retaliation by MassDEP in violation of Title VI, or other federal nondiscrimination laws and regulation, or a state non-discrimination law, may submit a written grievance to MassDEP. (See Sections II and III below).

A Title VI grievance must be filed within 180 calendar days of the alleged discriminatory act, or the date you became aware of the alleged discriminatory act. A state protected grievance must be filed within 180 days of the alleged discriminatory act, or the date you became aware of the alleged discriminatory act. 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. MassDEP’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.

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| **Section I: Contact Information** | | | | | | | | | |
| Name: | | | | Telephone: | | | Telephone (work): | | |
| Address: | | | | City, State, Zip Code: | | | | | |
| Do you need documents related to processing this grievance in an accessible format?  Large Print\_\_\_\_\_\_\_\_\_\_\_\_\_ Audio tape\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TDD \_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_  If yes, contact EEA’s ADA Coordinator, Melixza Esenyie at (617) 872-3270.  TTY# MassRelay Service 1-800-439-2370 | | | | | | | | | |
| **Section II: Discrimination Grievance** | | | | | | | | | |
| Date of 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: | | | | | | | | | |
| MassDEP 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). | | | | | | | | | |
| **Please indicate the base(s) on which you believe the alleged discrimination occurred:**  **Categories protected under Federal Civil Rights Laws:** | | | | | | | | | |
| RaceRace | | Color | | | National Origin (including limited English Proficiency) | | | | |
| Disability | | Sex | | | Age | | | Intimidation and/or Retaliation | |
| **Categories protected under State law/orders:** | | | | | | | | | |
| Disability | Creed | | Sex | | Sexual Orientation | Religion | | | Ancestry |
| Gender | Ethnicity | | Age | | Gender Identity | Gender  Expression | | | Veteran’s  Status |
| Background |  | | | | | | | | |
| **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 EPA, or any other state, local or federal agency or court?** | | | | | | | | | |
| YesNo  **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 either U.S. EPA or with the MassDEP Office of Environmental Justice or with both. Grievances may be filed with the MassDEP Office of Environmental Justice at the address indicated on the last page of this form. Grievances may be filed directly with the U.S. Environmental Protection Agency, External Civil Rights Compliance Office at the address below.  ***Please be aware:***Grievances based *only* on state protections cannot be resolved at EPA and can only be filed with MassDEP.    **Grievances filed directly with EPA should be sent to:**  **External Civil Rights Compliance Office**  **U.S. Environmental Protection Agency**  **Mail Code 2310A**  **1200 Pennsylvania Avenue, NW**  **Washington, DC 20460**  **Attn: Director, External Civil Rights Compliance Office** | | | | | | | | | |
| **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: MassDEP cannot accept a grievance or complaint without a signature.**    **Please submit electronically or mail your completed form to:**  **MassDEP**  **100 Cambridge St., Suite 900,**  **Boston, MA 02114**  **Attn: Deneen Simpson, Non-Discrimination Coordinator**  **Email:** [**deneen.simpson@mass.gov**](mailto:deneen.simpson@mass.gov) | | | | | | | | | |