

Application for the Review of Discharge from the Armed Forces of the United States by the Commonwealth of Massachusetts Veterans Equality Review Board



Under Chapter 115, Section 53, Subsection 16: the Veterans Equality Review Board (VERB) was established to ensure qualified veterans who received a less than honorable discharge under 10 U.S.C. 654, also known as the Don't Ask, Don't Tell policy, or on the basis of belonging to a protected class under federal law (such as race, gender, or disability). If a veteran received a less than honorable discharge and believes such discharge characterization was related to their membership within a protected class under federal law (see Appendix 4) they may file an appeal to the VERB.

For the most up-to-date listing of protected classes under federal law please visit:

www.eeoc.gov/employers/small-business/3-who-protected-employment-discrimination

A “qualified veteran” is defined as an individual who meets the Commonwealth’s statutory and regulatory criteria for veterans’ benefits eligibility, excluding the character of discharge, and whose discharge may have resulted from enforcement of 10 U.S.C. § 654 (commonly referred to as the Don't Ask, Don't Tell policy), or from discriminatory practices based on a protected class under federal law, including but not limited to race, gender, or disability.

The applicant **MUST** demonstrate that the less than honorable discharge was related to their membership within a federally protected class or Don't Ask, Don't Tell, by providing:

- A complete copy of this application (Application for Review of Discharge for the Armed Forces).
- Certificate of Discharge of Release from Active Service (Member 4 DD Form 214 with Character of Service).
- A statement or cover letter describing how the less than honorable discharge related to Don't Ask, Don't Tell, or the veteran's membership in a federally protected class (see Appendix 4).

Applicants are encouraged to provide any pertinent information about the event(s) leading to their discharge, such as:

- Separation Packet.
- Medical Records/ Documents.
- Statements from a Medical Provider.
- Post Service Documents.

- Character Statements.
- Investigations.
- Detailed Timelines.

Upon receipt of a completed application, the board will complete their review within 30 days and provide a written recommendation to the Secretary of the Executive Office of Veterans Services. The Secretary will issue a written decision not later than 10 days after receipt of the board's recommendation, approving or denying the application. If the Secretary approves the application, the veteran shall be eligible for state-based veteran benefits. If the Secretary denies the application, the veteran may file a request for reconsideration, including additional documentation for the application, not later than 30 days after receipt of the Secretary's decision.

After 30 days of receipt of the Secretary's decision, the applicant must submit a new application that provides new and material evidence.

Section 1: Service Member (The person whose discharge is to be reviewed.)

Applicants Last Name: _____

Applicants First Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

Phone Number: _____

Email Address: _____

Section 2: Service Information (Information from DD Form 214. Include Member Copy of DD Form 214 and enter as much as is readily available)

Veterans Branch of Service: _____

Service Start Date: _____ Discharge Date: _____

Grade/Rank at Discharge: _____ Highest Grade/Rank Held: _____

Discharge Characterization: _____

Narrative Reason for Separation: _____

Unit and Location of Discharge: _____

Section 3: Evidence and Records

Required:

- A copy of the veteran's DD214 is included in this application
- A statement or cover letter describing how the less than honorable discharge related to Don't Ask, Don't Tell, or the veteran's membership in a federally protected class (see Appendix 4) for list of federally protected classes)

Please list any additional documents included below:

Section 4: Protected Classes

Please check all that apply:

Protected Class	Check If Apply
SEX	
RACE	
COLOR	
RELIGIOUS CREED	
NATIONAL ORIGIN	
AGE	
GENETIC INFORMATION	
ANCESTRY	
MARITAL STATUS	
DISABILITY	
SEXUAL ORIENTATION	
MENTAL HEALTH CONDITIONS	
MILITARY SEXUAL TRAUMA (MST)	
TRAUMATIC BRAIN INJURY (TBI)	
POST- TRAUMATIC STRESS DISORDER (PTSD)	
HUMAN IMMUNODEFICIENCY VIRUSES (HIV)	

Section 5: Representative or Counsel (if applicable)

Representative/Counsel Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Section 6: Signature

Certification. I make the foregoing statements, as part of this claim, with full knowledge of the penalties involved for willfully making a false statement or claim.

Signature: _____ Date: _____

**Submit Completed
Applications to:**

**Executive Office of Veterans Services
C/O Veterans Equality Review Board
15 New Chardon Street
One Bowdoin Square, Suite 400
Boston, MA 02114**

or

Submit Via Email:

EOVSVeteransReviewBoard@mass.gov