



Discrimination Complaint Form

Please provide the following information in order for us to process your complaint. This form is available in alternate formats and multiple languages. Should you require these services or any other assistance in completing this form, please let us know.

Name: _____

Address: _____

Telephone Numbers:

(Home) _____ (Work) _____ (Cell) _____

Email

Address: _____

Please indicate the nature of the alleged discrimination:

Categories protected under *Title VI of the Civil Rights Act of 1964*:

Race Color National Origin (including limited English Proficiency)

Additional categories protected under related Federal and/or State laws/orders:

Disability Age Sex Sexual Orientation Religion Ancestry

Gender Ethnicity Gender Identity Gender Expression Creed Veteran's Status Background Low Income

Who do you allege was the victim of discrimination?

You A Third Party Individual A Class of Persons

Have you filed a lawsuit regarding this complaint?

Yes No

If yes, please provide a copy of the complaint.

Signature: _____

Date: _____

Mail to: Title VI Coordinator, Northern Middlesex Council of Governments,
Suite 100, 672 Suffolk St., Lowell, MA 01854

or,

Email to: civilrights@nmcog.org