

PITTSFIELD HUMAN RIGHTS COMMISSION **HOW TO FILE A COMPLAINT**

IMPORTANT INFORMATION: FILING A COMPLAINT WITH THE PITTSFIELD HUMAN RIGHTS COMMISSION IS NOT A SUBSTITUTE FOR FILING A COMPLAINT WITH MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION (MCAD). IN ORDER TO PRESERVE YOUR LEGAL RIGHTS YOU MUST FILE YOUR COMPLAINT WITH THE MCAD WITHIN 180 DAYS OF THE ALLEGED DISCRIMINATORY ACT. THE FILING OF A COMPLAINT WITH THE HUMAN RIGHTS COMMISSION DOES NOT STOP THE RUNNING OF THE 180 DAY PERIOD IN WHICH AN MCAD COMPLAINT MUST BE FILED.

NOTE: This is a summary of the process required to file a complaint with the Pittsfield Human Rights Commission. Please see the document "Complaints" from the Pittsfield Human Rights Commission's Rules of Procedure for more detailed information and timelines.

1. If you have experienced discrimination or been denied opportunities in housing, employment, education or access to public accommodations because of your race, color, religion, national origin, ancestry, sex, sexual orientation, gender, gender identity, age, ethnic background disability, marital or veteran status, or because you have children or receive public assistance, you may file a complaint with the Pittsfield Human Rights Commission. The date(s) of discrimination must have taken place within the last 180 days.
2. You must file your complaint in writing using the Commission's complaint form. You can pick up a complaint form from the City Clerk's Office on the first floor of City Hall, 70 Allen St., Pittsfield or go to the City Pittsfield's website at www.cityofpittsfield.org. The complaint form is available on the City Clerk's page.
3. Complete the complaint form and sign it. Be sure to include:
 - A. Your contact information: full name, address, telephone number; and e-mail address;
 - B. The name of the person(s), organization, business you allege has discriminated against you; and the contact information for that person or entity: full name, address, telephone number; and e-mail address;
 - C. A written statement detailing the discriminatory act. Please include as much of the following details as possible (use additional sheets if needed):
 - **who** (please name each person involved in the incident);
 - **what happened** (describe incident);
 - **when it happened** (date and time);
 - **where it happened** (location);
 - **why it happened** (if known);
- Also, please include the names and contact information of witnesses (if any).
- Last, YOU MUST SIGN THE COMPLAINT.

4. You may bring your complaint in person to the Human Rights Commission at the City Clerk's Office, City Hall, 70 Allen St., Pittsfield, MA 01201. You may also mail it to the Commission by certified mail.
5. No later than 30 days after you file your complaint, you will receive a letter from the Commission confirming that your complaint was received. The Commission will also mail you a copy of the Commission's official rules about the complaint procedure.
6. A copy of your complaint will be sent by certified mail to the person or a representative of the organization or business you allege discriminated against you. That person has the right to file an answer to the complaint with the Commission.
7. In reviewing your complaint, the Chair of the Commission will appoint a 3-person ad-hoc sub-committee, the Fact-Finding Committee, will determine whether to continue fact finding or whether to dismiss your complaint if your complaint doesn't fall under the definition of Unfair Practices or has exceeded the 180 day time limit for filing a complaint. For a definition of Unfair Practices see the "Complaints" document mailed to you by the Commission.
8. The Fact-Finding Committee may ask to meet with you, the person or a representative of the business/organization who discriminated against you, as well as any witnesses. You will be informed of any meetings taking place. You have the right to attend those meetings. You also have the right to have a lawyer with you at any meetings at your own expense. Meetings of the Fact-Finding Committee are not subject to open meeting law because they do not represent a quorum of the Commission and they are an ad-hoc composition and not a standing body.
9. The Committee may also decide to refer you and the person or representative of the organization or business who discriminated against you to mediation or to another agency or organization that may better help you resolve the complaint.
10. You have the right to withdraw your complaint at any time by filing a written request with the Commission stating the reasons why you wish to withdraw the complaint.
11. While the Commission is investigating your complaint, all information and documents relating to your complaint will be kept confidential by the Commission to the extent permitted by law. However, once the complaint process is completed, any documents made or received by the Commission will be public records unless the document is exempt from disclosure under the Public Records Law, M.G.L. c. 4, § 7, cl. 26..

If you have any questions regarding this **procedure** feel free to contact the City Clerk's Office at 413-499-9361.

HUMAN RIGHTS COMMISSION
CITY OF PITTSFIELD MASSACHUSETTS

CITY HALL
70 Allen Street
Pittsfield, MA 01201 (413) 499-9361

COMPLAINT

COMPLAINANT'S NAME: _____

COMPLAINANT'S ADDRESS: _____

COMPLAINANT'S TELEPHONE: _____
DAY: _____

EVENING: _____

COMPLAINT REPORTED AGAINST:

NAME: _____

ADDRESS: _____

TYPE OF ALLEGED UNFAIR PRACTICE (DISCRIMINATION):

Housing, employment, education, contracts, purchasing or public accommodations, on the basis of race, color, religious creed, national origin, sex, gender identity or expression, sexual orientation, age, ancestry, disability, marital status, veteran status, receipt of public housing or assistance, or because you have children.

DATE OF ALLEGED UNFAIR PRACTICE: _____

The undersigned Complainant hereby certifies that the facts alleged herein and on the reverse side of this form and/or on the page(s) attached hereto are true. Signed under the pains and penalties of perjury.

Signature: _____ Date: _____

These 2 items are to be filled out by the Human Rights Commission:

Complaint Number: _____

Date Received: _____

