Somerville Human Rights Commission Complaint Form

If you believe you have experienced discrimination, harassment, retaliation, or another possible human rights violation connected to Somerville, you may use this form to ask the Human Rights Commission (HRC) to review your concern. You may complete this form if:

- **You experienced the incident.**
- **You are submitting on behalf of someone else, with their knowledge or as their representative.**
- **You are a witness or bystander reporting what you observed.**
- **Your concern involves a Somerville resident, business, organization, City department, City official, or another person or entity connected to Somerville.**

If you are unsure whether your concern falls within the HRC's authority, you are still welcome to submit this form. The HRC will review the information you provide and let you know whether it can assist or connect you with another resource. If you need to contact an HRC Commissioner, please email hrc@somervillema.gov.

About the incident.

We understand that describing what happened may be difficult. Please share only what you feel comfortable sharing. If you can, include the date, location, people involved, and any details that may help us review your concern.

8. Name of the Person who allegedly caused harm and their contact details, if known. Optional.

Enter your answer

9. Please describe what happened. Please include as much detail as possible:

Enter your answer

10. Do you believe the harmful conduct was motivated by any of the following? Please check all that apply.

- [ ] Race, color, ethnicity, ancestry, or national origin
- [ ] Immigration status
- [ ] Language or language access
- [ ] Religion or religious practice
- [ ] Disability, accessibility, or need for accommodation
- [ ] Age
- [ ] Gender, gender identity, or gender expression
- [ ] Sexual orientation
- [ ] Family type, status or caregiving status
- [ ] Housing status or economic circumstances
- [ ] Veteran status

- [ ] I don't know
- [ ] Not Applicable
- [ ] Other

11. Which of the following, if any, describe the incident you encountered?

- [ ] Discrimination / unequal treatment
- [ ] Harassment or hostile conduct
- [ ] Threats, intimidation, or retaliation
- [ ] Denial of access, participation, services, or opportunities
- [ ] Accessibility barrier or failure to accommodate
- [ ] Other
- [ ] None of the above

12. **Desired Outcomes**
What outcome or resolution would you like to see? (Please check "other" if you'd like to write in a different desired outcome.)

- [ ] Recognition or acknowledgment of harm and opportunity for dialogue
- [ ] Policy or practice changes
- [ ] Education or training
- [ ] Formal findings or report from the Commission (if applicable)
- [ ] Referral to another agency (e.g. MCAD, Police, etc)

- [ ] I am not sure
- [ ] Other

Microsoft 365

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Microsoft Forms | AI-Powered surveys, quizzes and polls Create my own form

Privacy and cookies | Consumer Health Privacy | Terms of use