

City Of Malden
Human Rights/Fair Housing Commission
Complaint Intake Form

Name: _____

Address: _____

Contact Phone Number: _____

Email: _____

Nature of Complaint (please circle): Discrimination in: Housing Employment Education Business

Other: _____

Please summarize complaint (if needed use back of form): _____

What is the desired resolution of complaint (if needed use back of form): _____

Name of Respondent(s): _____

Address (if known): _____

Contact Number (if known): _____

If you have documentation to support this Complaint, **please include copies** (not originals) of documents and mail to:

**City of Malden
Human Rights and Fair Housing Commission
110 Pleasant Street
Malden, MA 02148**

If you have questions about this intake form, please contact the Commission at: humanrights@cityofmalden.org

Complainant Signature: _____

Date submitted: _____

This complaint is signed and submitted under the pains and penalties of perjury.

For Commission's Use Only:

Date Received _____

Complaint Number: _____