

**Barnstable County**  
**Regional Government of Cape Cod**  
**Non-Discrimination Complaint Form**



The following information is required to process your complaint. Please submit this form and any additional information to:

ATTN: Justyna Marczak, Non-Discrimination Coordinator  
P.O. Box 427, Barnstable, MA 02630  
Phone: (508) 375-6646 or Email: [jmarczak@barnstablecounty.org](mailto:jmarczak@barnstablecounty.org)

**Complainant's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Person Discriminated Against (if different from complainant):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Why do you believe the discrimination took place? (Please select all that apply, and specify)**

Race/Color: \_\_\_\_\_  Sex: \_\_\_\_\_

Disability: \_\_\_\_\_  Age: \_\_\_\_\_

National Origin: \_\_\_\_\_  Other: \_\_\_\_\_

**On what date or dates did the alleged discrimination take place?** \_\_\_\_\_

**Describe the alleged discrimination, its circumstances, and the party responsible.**

\_\_\_\_\_  
\_\_\_\_\_

**List the names and contact information of persons who may have knowledge of the alleged discrimination.**

\_\_\_\_\_  
\_\_\_\_\_

**Have you filed this complaint with any federal, state, or local agency, or with any court, other than Barnstable County?**

Federal Agency     Federal Court     State Agency     State Court     Local Agency     Other

**If so, please provide contact information for the agency or agencies with which your complaint was filed:**

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

