

Title VI Complaint Form Regarding a Malden Housing Authority Program, Service or Activity

Title VI of the Civil Rights Act of 1964 requires that “no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Note: the following information is necessary to allow the Malden Housing Authority (MHA) to process a Title VI complaint. If you need assistance in completing this form or in filing a complaint, including interpretation or translation assistance, please contact the MHA’s Title VI Coordinator Monday – Friday, 8 a.m. – 4 p.m. by calling (781) 322-3150 or by email to sfinn@maldenhousing.org

Please complete this form and return same to:

Stephen G. Finn, Title VI Coordinator
Executive Office
Malden Housing Authority
630 Salem Street
Malden, MA 02148

Or send the completed form by email to: sfinn@maldenhousing.org

1. Complainant’s name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone number (Home/cell): _____ (Work): _____

2. Person discriminated against (if someone other than Complainant)
Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone number (Home/cell): _____ (Business): _____

3. Which of the following best describes the reason you believe the discrimination took place? (Please check all that apply)
☐ Race ☐ Color ☐ National Origin ☐ Limited English proficiency ☐ Other: _____

4. What MHA program, service or activity is the complaint about?
MHA Program/Service/Activity: _____
Location/Address: _____

5. Date of incident giving rise to the complaint: _____

6. Please describe the circumstances giving rise to the complaint: what happened and who was responsible?
Can you provide the names of all individuals involved? **Please attach additional sheets of paper if you need more space to describe or explain the incident.**

{ Please turn form over to continue and complete same }

7. Where did the incident giving rise to the complaint take place? Please provide as much information about the location as possible. (Please disregard if you have answered this in your response to question 6).

8. Were there any witnesses to the incident? If yes, please provide as much information as possible.

Witness Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone number (Home/cell): _____ (Work): _____

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone number (Home/cell): _____ (Work): _____

9. Have any efforts been made to file or resolve this complaint through MHA's Grievance procedure included in either the ACOP or Section 8 Administrative Plan? ____ Yes ____ No

If yes, what is the status of the grievance? _____

10. Have you filed a complaint about this same incident with any other federal, state or local governmental agency or with a federal or state court? Please check all that apply.

___ Federal agency (name): _____
___ Federal court (name): _____
___ State agency (name): _____
___ State court (name): _____
___ Local agency (name): _____
___ Other (name): _____

Please provide the contact information for the best person for MHA to contact with the agency/court/other:

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone number: _____
Date Incident Complaint filed: _____

Sign the complaint in the space provided below. Please attach or include any documents you believe describe the incident and/or support your complaint.

Complainant's Signature

Date