POLICY

The Barnstable County Human Rights Advisory Commission (BCHRAC) is a resource for residents or visitors to the area seeking assistance with human and civil rights grievances that occur within Barnstable County. The commission works with complainants to understand the issues and advise the complainant of actions that can be taken to resolve the situation. This includes, but is not limited to, identifying referrals to appropriate private or public agencies with the jurisdiction and/or capability to investigate and resolve instances of human and civil rights violations. The BCHRAC provides guidance to all parties and tracks the resolution process. If you believe you have experienced a violation, please read our procedures for processing complaints and submit a complaint form.

PROCEDURES

Procedures for filing a Complaint with the Barnstable County Human Rights Advisory Commission (BCHRAC)

A complaint can be filed by a resident or a visitor to the area seeking assistance with an alleged human rights or civil rights violation that occurs within Barnstable County.

A fully completed "Complaint Form" and "Consent Form" are both required to initiate a review of your grievance. If you are unable to submit these forms electronically, you may send a letter, or e-mail to the BCHRAC, provided it includes all the information requested on Complaint Form and a signed Consent Form. Documents can be mailed to:

Mail to:
Susan Quinones, Human Rights Coordinator
P.O. Box 427
Barnstable, MA 02630
E-mail to: susan.quinones@barnstablecounty.org

Once the fully completed Complaint Form and Consent Form are received, the BCHRAC Intake Committee will evaluate the written information and contact you to review your submission. The BCHRAC may request additional information to clarify the complaint and advise you of actions that can be taken to resolve the situation.

Although all information will be considered privileged, the BCHRAC may need to reveal certain information to persons having information to verify facts or gather additional information.

Upon completion of the BCHRAC’s review, a letter with the advisory recommendations will be sent to you. Guidance provided may include referrals to other private or public agencies that have the jurisdiction and/or capacity to investigate and resolve the issues of human and civil rights violations.
You have the right to withdraw your complaint at any time, with written notice to BCHRAC. The BCHRAC will monitor complaints and track data regarding human and civil rights allegations in Barnstable County.

INTAKE FORM

Barnstable County Human Rights Advisory Commission

Barnstable County Human Rights Advisory Commission (BCHRAC) is an advisory body established by Barnstable County, to promote human rights for residents of, and others associated with the County.

We are here to assist you if you have any concerns or complaints, if you feel you, or somebody you represent have been unfairly treated because of who you are, in a wide range of services:

In order to help, we need some information, which we will keep confidential, unless you agree we may share it.

This form has three sections: about you (or the person you represent); what happened; and what you would like BCHRAC to do. There are some questions - in the shaded boxes - which you MUST complete, if we are to help you.

If you have any questions about the form, or if you need help in a language other than English, please call the Human Rights Coordinator on 508-375 6612

Section 1: About you

Are you completing this form for yourself?
Yes/No
If no, please complete the information about yourself later in this section

Your name (or name of person making complaint)
Mr./Mrs./Ms./Other
First name
Last name
Suffix (Jnr/Snr, I/II/III etc.)
Your address
Apartment
House/building number
Street, including number
Town/City
State
Zip code

Telephone numbers
Home
Cell
Work
Best number to call:
Daytimes
Evenings
Weekends

email address

How would you describe your gender?
Female
Male
Transgender/Other/Not described

How would you describe your race or ethnic origin?
Black/African-Caribbean
Hispanic - Spanish
Hispanic - Portuguese
White
Other - please describe

Date of birth
(Only required, if age is part of your complaint)

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<tr>
<th>Month</th>
<th>Date</th>
<th>Year</th>
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Any other information which will help us communicate with you, for example, languages you speak, or communication aids you use

Today's date:
If you are completing this form on behalf of somebody else:
What is your relationship to the person making the complaint?

Your name
Mr./Mrs./Ms./Other
First name
Last name
Suffix (Jnr/Snr, I/II/III etc.)

Your address
Apartment
House/building number
Street, including number
Town/City
State
Zip code

Telephone numbers
Home
Cell
Work
Best number to call:
Daytimes
Evenings
Weekends

email address