

## **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](mailto: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)**

Month	Date	Year

**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**