



Discrimination Grievance Form

If you believe that you have been (or someone else has been) discriminated against because of race, color, national origin, age, disability, religion, creed, sexual orientation, or sex (including gender identity and gender stereotyping) by the MassHealth agency, you may file a grievance with the Section 1557 Compliance Coordinator. You may file a grievance for yourself or for someone else.

Please complete the information below and either mail, fax, or e-mail the completed form to the addresses listed below. Note that in our efforts to investigate your grievance, we may contact you and other individuals or entities relevant to the grievance.

Please print.

Name First _____ Last _____

Mailing address Street _____

City _____ State _____ Zip _____

E-mail if available _____ **Phone number** _____

Social security number or MassHealth ID number _____

Are you filing this grievance for someone else? Yes No

If yes, who? _____

I believe that I have been (or someone else has been) discriminated against on the basis of:

Race/Color/National Origin

Age

Disability

Religion/Creed

Sexual Orientation

Sex, including gender identity and gender stereotyping

Other (specify): _____

When do you believe that the discrimination occurred? LIST DATE(S)

Where within the MassHealth agency do you believe that the discrimination occurred?

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. Attach additional pages as needed.

I understand that by submitting this form I am filing a discrimination grievance with the MassHealth agency. I certify that the information I have provided on this form is true and correct to the best of my knowledge and belief.

Signature _____ Date (mm/dd/yyyy) _____

Do you need special accommodations for us to communicate with you about this grievance?

If so, please specify here:

To submit a grievance, please type or print, sign, and return the completed grievance form package (including consent form), either by mail, fax, or e-mail to the Section 1557 Compliance Coordinator at the addresses below.

By Mail: Section 1557 Compliance Coordinator
1 Ashburton Place, 11th Floor
Boston, MA 02108

By Fax: 617-889-7862

By E-mail: Section1557Coordinator@state.ma.us

If you need help submitting a discrimination grievance, please e-mail the Section 1557 Compliance Coordinator at Section1557Coordinator@state.ma.us or call 617-573-1704 (TTY: 617-573-1696 for people who are deaf, hard of hearing, or speech disabled) so that we can assist you.

If you need other information on this website translated or provided in alternative formats, please e-mail us at Section1557Coordinator@state.ma.us or call us at 617-573-1704 (TTY: 617-573-1696).