



## Important Information

[Español](#) | [Português](#)

The Massachusetts Attorney General's Office represents the public interest, and cannot provide you with legal advice or act as your attorney. If you have any questions concerning your individual legal rights or responsibilities, you should contact a private attorney, or review the AGO Legal Resources page.

Please note that after 15 minutes of inactivity, a message will appear asking you if you want to continue your session. You must select "yes," or your session will end, and you will have to restart the form.

## About Your Request

### Select From Below (Required)\*

- Non-Payment of Wage
- Child Labor / Youth Employment
- Domestic Violence Leave
- Prevailing Wage
- Employment Discrimination

Complete the information requested below to file a complaint about employment discrimination.

## Reasons for Filing Complaint

### Type of Discrimination

Employment

Reason for discrimination (check all that apply):

- |                                                       |                                                           |                                                               |
|-------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Age                          | <input type="checkbox"/> Gender/Sex (including pregnancy) | <input type="checkbox"/> Criminal Record                      |
| <input type="checkbox"/> Race                         | <input type="checkbox"/> Gender Identity                  | <input type="checkbox"/> Public Assistance (e.g. Section 8)   |
| <input type="checkbox"/> Ethnicity or National Origin | <input type="checkbox"/> Sexual Orientation               | <input type="checkbox"/> Military/Veteran Status              |
| <input type="checkbox"/> Immigration Status           | <input type="checkbox"/> Familial Status/Parenthood       | <input checked="" type="checkbox"/> Retaliation for Complaint |
| <input type="checkbox"/> Religion                     | <input type="checkbox"/> Disability                       |                                                               |

## Complaint Against

### Company or Employer Name (Required)\*

Health Quarters, Inc

### Company or Employer Type (Required)\*

Hospitals/Nursing Home/Home Healthcare

### Company or Employer Street Address (Required)\*

100 Cummings Center Suite 220-B

### City (Required)\* State (Required)\* Zip Code (Required)\*

Beverly

Massachusetts

01915

**Company Phone**  
617-552-5600

**Number of Employees**  
10-20

## Time Period of Violation

**From** (Required)\*  **Present**  
January 2016

## Report or Complaint Detail

**I need help**  
for myself

**Type of Work Performed and Job Title** (Required)\*  
Nurse Practitioner

**Provide detailed information about what happened, including relevant dates and names. If you have complained to the employer, tell us what happened.**

You cannot attach supporting documents (for example, pay stubs or time records) at this time. If you have documents that support your complaint, please describe them here. If we decide to investigate your complaint, you will have the opportunity to provide supporting documents. Please keep copies of these documents. (Required)\*

I have been working as a per diem nurse practitioner (NP) for Health Quarters, Inc. since 2004. I was hired to provide reproductive health care, including gynecologic exams, contraception, testing and treatment for sexually transmitted infections, and care for gynecologic problems. In approximately 2016 Health Quarters began to offer abortion services which had never been part of their services. I stated that I did not want to participate in providing abortions but I would continue to provide all other services listed above. Since 2016 I have not been given any work shifts despite multiple requests and availability to work. I accused Health Quarters and my supervising physician of discrimination because I refused to provide abortion services. Since that accusation, my supervising physician retaliated and filed a formal complaint against me with the Board of Registration of Nursing. The complaint is unfounded but an inquiry has started and I am in the process of responding to clear my name. The complaint against my NP license was done in an effort to intimidate me for saying their actions were illegal, discriminatory, and retaliatory.

## Has Someone Helped You?

- I contacted a community organization, lawyer, union, or government agency.
- I hired a lawyer or attorney to represent me.
- Other
- I have not asked for help before filing this complaint.

## Employee Contact Information

I want to remain anonymous.

**First Name** **Last Name**

**Street Address**

**City** **State** **Zip Code**

**Phone**

## Email

If you provide your email address, you will receive a confirmation email after submitting this form with a copy of the completed complaint attached.

## Date of Birth

Preferred Language (If not English)

I am a U.S. Military Service Member or Veteran, or filing on behalf of an employee who is a member of the military.

## Alternate Contact Person (Optional)

Name

Phone

## Signature

### Important:

1. The information you provide to our office is considered a public record. This means that a member of the public could ask us to share the information you provided.
2. Some information you give us may be publicly posted on the AGO website such as the name of the business you complained about and the date the complaint was filed.
3. **We will not share your personal information** like your name, street address, phone number, or email address with the general public.
4. We may share your name with the business you are complaining about in order to resolve your complaint. If you do not want us to share your name and personal information with anyone, please let us know.

**By entering my name below, I certify that:** (Required)\*

1. The information I have provided is true and correct to the best of my knowledge, and
2. I authorize the AGO to discuss my complaint with the entity I am complaining about, and
3. I understand that my submission, except for personal information, will become part of the public record.

**Type Full Name of the Person Submitting Form** (Required)\*

Date Submitted

03/31/2018

Submit

Civil Rights Division

Intake #: 999768

Intake Summary  
Complaint

As of: 2/21/2019

Primary Contact:		Primary Subject:	
Name:	[REDACTED]	Name:	Health Quarters, Inc
Address:	[REDACTED]	Address:	100 Cummings Center Suite 220-B Beverly, MA 01915
Phone #:	[REDACTED]	Phone #:	(617) 552-5600
Email:	[REDACTED]	Email:	

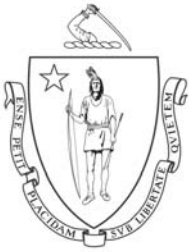
**Summary:** Potential Religious Discrimination

**Description:** I have been working as a per diem nurse practitioner (NP) for Health Quarters, Inc. since 2004. I was hired to provide reproductive health care, including gynecologic exams, contraception, testing and treatment for sexually transmitted infections, and care for gynecologic problems. In approximately 2016 Health Quarters began to offer abortion services which had never been part of their services. I stated that I did not want to participate in providing abortions but I would continue to provide all other services listed above. Since 2016 I have not been given any work shifts despite multiple requests and availability to work. I accused Health Quarters and my supervising physician of discrimination because I refused to provide abortion services. Since that accusation, my supervising physician retaliated and filed a formal complaint against me with the Board of Registration of Nursing. The complaint is unfounded but an inquiry has started and I am in the process of responding to clear my name. The complaint against my NP license was done in an effort to intimidate me for saying their actions were illegal, discriminatory, and retaliatory.

5/16 Update: refusal to give hours and formal complaint is claimed to be because [REDACTED] is Catholic and does not want to perform abortions. She wants CRD to look into the formal complaint filed against her because it makes her job search hard.

**Resolution:** [REDACTED]

**Resolution Notes:**



THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY  
ATTORNEY GENERAL

(617) 727-2200  
(617) 727-4765 TTY  
[www.mass.gov/ago](http://www.mass.gov/ago)

May 16, 2018



Dear [REDACTED]

Thank you for contacting the Office of the Attorney General. Your complaint against Health Quarters, Inc was received by the Civil Rights Division.

The Civil Rights Division receives a number of complaints on a daily basis from people across the Commonwealth. Each complaint is reviewed by the Civil Rights Division to determine the best course of action. In some instances, complaints raise issues that generally are not handled by this office, do not fall within our jurisdiction, or are more appropriately handled by another agency. While we are not able to take action every matter that is brought to our attention, we do carefully review and maintain a record of all complaints.

Please be advised that after reviewing your complaint, the Civil Rights Division has decided not to further investigate or intervene in this matter at this time.

Should you wish to pursue this matter further you may file a complaint with the Massachusetts Commission Against Discrimination (MCAD). You can find instructions on how to do so by visiting [www.mass.gov/mcad](http://www.mass.gov/mcad), or by calling (617) 994-6000. Please note that under Massachusetts law the deadline for filing a complaint with the MCAD is 300 days from the last incident of alleged discrimination.

Should you wish to pursue this matter with a private attorney, you may obtain a referral from the Massachusetts Bar Association's Lawyer Referral Services by calling (617) 654-0400 or (866) 627-7577, or by visiting [www.masslawhelp.com](http://www.masslawhelp.com).

Thank you again for contacting the Office of the Attorney General.

Sincerely,

Carolina Almonte  
Civil Rights Division