

**From:** Jess Salcedo [REDACTED]  
**Subject:** Fwd: Complaint submitted to the Massachusetts Attorney General's Office  
**Date:** July 16, 2025 at 6:59AM  
**To:** Jessica Salcedo [REDACTED]

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----- Forwarded message -----  
From: **Jess Salcedo** <jelizsalcedo@gmail.com>  
Date: Fri, Aug 16, 2024, 4:30PM  
Subject: Fwd: Complaint submitted to the Massachusetts Attorney General's Office  
To: <sandrachiancola [REDACTED]>

For your records. I have only spoke the truth."

----- Forwarded message -----  
From: <noreply@onbaseonline.com>  
Date: **Wed, Jul 31, 2024, 3:53PM**  
Subject: Complaint submitted to the Massachusetts Attorney General's Office  
To: [REDACTED]

**Thank you for contacting the Civil Rights Division.**

"

We review each complaint submitted to us to determine the best course of action." Although we will attempt to respond to your complaint as quickly as possible, there may be a wait depending on the number of complaints that we receive." In addition, depending on the nature of your complaint, we may request copies of documents and other relevant information – but please do not send us additional information unless we ask you to do so."

"

Please note that we sometimes receive complaints that raise issues that generally are not handled by our office or are better handled by another agency or organization." If that is the case, we will recommend other resources.

"

In the meantime, more information about our division can be found at: <https://www.mass.gov/protecting-civil-rights>.

**AGO EMPLOYER COMPLAINT - -  
PDF.pdf**



# Massachusetts Attorney General's Office | Wage Complaint or Dispute



## Before You File

[Español](#) | [Português](#) | [Kreyòl Ayisyen](#)

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 checked="" 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 checked="" type="checkbox"/> Disability            |   |

## Complaint Against

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

Digital Federal Credit Union

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

Bank/Financial

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

865 Donald Lynch Blvd

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

Marlborough

Massachusetts

01752

**Company Phone**

800-328-8797

**Number of Employees**

## Time Period of Violation

**From (Required) \***  Present

June 24th, 2024

## Report or Complaint Detail

### I need help

for myself

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

Marketing

**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 am fresh back from a lengthy PFMLA leave that lasted approximately from February 5th 2024 to June 23 2024. Upon my return, I was greeted with silence and indifference. Nobody welcomed me back to the group, especially management, and any initial contacts were first made by me. For days / weeks I kept in touch with my manager about my desire to be kept busy with work that would keep my mind stimulated, and not just chasing busy work. It was 2 weeks until I started to receive any type of meaningful work.

I started receiving work and became sort of at ease again.

Today, I was chastised because I "refused" to participate on a team building activity on 7/23 where I had to tell them all about myself; I told my manager on 7/10 that I preferred not to partake in that part of the meeting, even though I was remotely present for this all day event.

I was told that it was my prerogative to participate, but not doing so had repercussions. The words: "quiet quitting", "moving to another department", all were brought up to my shock and dismay.

I cannot begin to explain how all of this is making me feel, and I need help in moving forward as I feel I don't have any real protection at work.

## 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 (We may contact you by mail, phone, text or email.)

I want to remain anonymous.

**First Name**   **Last Name**

Jessica   Salcedo

**Street Address**

XXXXXXXXXX

**City**   **State**   **Zip Code**

Worcester   Massachusetts   XXXXX

**Phone**

XXXXXXXXXX

**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.

XXXXXXXXXX

**Date of Birth**

XXXXXX

**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.

I am using screenreader technology.

### Alternate Contact Person (Optional)

**Name**

**Phone**

## Important Information

1. We may share the information you provided with the company or employer 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.
2. Some information about the company or employer you complained about may be publicly posted on the AGO website, including their name, town/city, and state, and the date the complaint was filed.
3. In most circumstances, your complaint is considered a public record. This means that a member of the public could ask us to share the information you provided.
4. As a rule, we will not share your personal information like your name, address, phone number, or email address with the general public.

## Signature

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

- The information I have provided is true and correct to the best of my knowledge, and
- I have read and understand the important information above.

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

Jessica Salcedo

**Date Submitted**

07/31/2024

**From:** Jess Salcedo [jelizsalcedo@gmail.com](mailto:jelizsalcedo@gmail.com)   
**Subject:** Fwd: Complaint #: 1260821  
**Date:** July 16, 2025 at 6:58 AM  
**To:** Jessica Salcedo 



----- Forwarded message -----  
From: **CivilRights** <[civilrights@mass.gov](mailto:civilrights@mass.gov)>  
Date: **Mon, Aug 5, 2024, 10:29 AM**  
Subject: Complaint #: 1260821  
To: 

Dear Jessica Salcedo,

Please see the attached letter regarding the complaint you filed.

Thank you,  
Civil Rights Division



THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL



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

ANDREA JOY CAMPBELL  
ATTORNEY GENERAL

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

August 05, 2024

Jessica Salcedo



Dear Jessica Salcedo:

Thank you for contacting the Office of the Attorney General. **Your complaint against Digital Federal Credit Union 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 are generally 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 in 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.** However, if 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. You may also file a complaint with the U.S. Equal Employment Opportunity Commission by calling 1-800-669-4000, or by visiting <https://www.eeoc.gov/>.

If 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). You may also contact a legal services or legal aid organization to see if you qualify for free legal services: [www.mass.gov/service-details/finding-legal-help](http://www.mass.gov/service-details/finding-legal-help).

Thank you,

Civil Rights Division.