



Imre Kifor &lt;ikifor@gmail.com&gt;

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## Complaint submitted to the Massachusetts Attorney General's Office

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noreply@onbaseonline.com <noreply@onbaseonline.com>  
To: ikifor@gmail.com

Tue, Jun 16, 2026 at 6:00 PM

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>.

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 **AGO CONSUMER COMPLAINT - - PDF.pdf**  
925K



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

## Before You File

The Massachusetts Attorney General's Office (AGO) attempts to resolve individual consumers' disputes with businesses, where appropriate.

Please be aware of the following:

While the Massachusetts Attorney General's Office (AGO) sometimes brings lawsuits for the Commonwealth to enforce consumer protection laws and in the public interest generally, the AGO does not represent individual consumers. Therefore, we 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.

### **Disclosure of Your Complaint**

- (1) The information you have submitted may be provided to the entity or individual you are complaining about in order to resolve your complaint. We may also provide your complaint and related information to other law enforcement and regulatory agencies.
- (2) Some data concerning your complaint may be publicly posted on the AGO website, including the name of the entity or individual you complained about, the date the complaint was filed, and the town or city where you live.
- (3) In most circumstances, your complaint, including any associated correspondence and documentation, is considered a public record and will be made available to any member of the public who makes a public records request to our Office. However, we generally will not disclose your name, address, phone number, email address, or any other identifying information in response to such a request.

## About Your Issue

### Complaint Type (Required) \*

- Healthcare and Health Insurance
- Insurance, Banking, Investment, or Cryptocurrency
- Student Loan
- Discrimination or Civil Rights Violation
- Auto Sale, Loan, Lease, or Repair
- Mortgage or Landlord/Tenant Dispute
- Telephone Scams, Robocalls, or Do Not Call List Violations
- Gambling, Sports Betting, or Daily Fantasy Sports
- Other

If you have questions about this form, contact the our hotline at 617-963-2917 or for Mass relay dial 7-1-1 and connect via the hotline number.

Criminal records-related complaints may also be submitted through the [Criminal History Civil Rights Complaint](#) form.

## Discrimination or Civil Rights Violation Detail

### Type of Discrimination

Public Accommodation

Reason for discrimination (check all that apply):

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

## Complaint Against

Enter full name of the company, business or organization you are complaining about.

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

Mass. RMV and Middlesex Probate And Family Court

This is an online business or I don't know the location

This business address is outside the US

**Street Address**

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

Massachusetts

**Phone (Optional)**

If you have additional information that could help us locate this organization, enter it below. Include additional company names, contacts, and/or locations.

**Additional Contact Information or Website (Optional)**

## Complaint Detail

### I am

seeking assistance for myself

Include a full description of your complaint, including relevant dates and names.

**DO NOT** include your social security numbers, credit card numbers, or other private information.

### Complaint Summary (Required) \*

Please see the attached complaint titled "Re: Civil Rights Complaint against the Massachusetts Registry of Motor Vehicles (RMV) and the Middlesex Probate and Family Court — supplementing the Civil Rights Division complaint your Office received on March 9, 2026, and the Criminal Bureau inquiry (matter 1326784) closed February 26, 2026 — concerning a State-built, self-reinforcing trap that, through the categorical RMV rule "Residential address cannot be a PO Box," denies a homeless and forcedly indigent father any lawful identification, and therefore any employment, while the Family Court deliberately falsifies the dockets and refuses to recognize that my only residence is a Post Office box" and addressed to the Attorney General, including exhibits A to L.

### Desired Outcome or Resolution

I need the AGO's help in mediating or resolving my complaint.

Select all actions you have taken to address this issue (if any).

- I complained directly to the business or entity
- I previously contacted the Attorney General's Office

### Case Number (if Known)

- I contacted another government agency, community organization, or consumer program
- I filed a police report
- I hired a lawyer or attorney to represent me
- I filed a case in court
- Other

### List names of staff members, agencies and details of previous actions (Required) \*

Katherine B. Dirks, Deputy Chief, Government Bureau (AGO), katherine.dirks@mass.gov; Joseph P. Lucia, AAG (AGO), joseph.lucia@mass.gov; David Hampton (AGO), david.hampton@mass.gov; U.S. Department of Justice Civil Rights Division, USAMA.CivilRights@usdoj.gov

## Your Contact Information

Enter information for the person completing this form (you) so that we may follow up with you about this issue.

**First Name (Required) \*** **Last Name (Required) \***

Imre

Kifor

I do not have a US address

**Street Address (Required) \***

Bristol Lodge Men's Shelter, PO BOX 541095

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

Waltham

Massachusetts

02453

**Phone (Required) \***

857-340-8699

**Email (Optional)**

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

ikifor@gmail.com

**Preferred Language** (If not English)

I am over 60 years old, or filing on behalf of a senior

I am a U.S. Military Service Member or Veteran, or filing on behalf of a veteran

I am using screenreader technology.

## Attachments (13)

Please attach any images or documents you may have that will help us evaluate your complaint.

[AGO Intake Supporting Document - Intake #: - 6/16/2026 - CIVIL RIGHTS SUPPORTING DOCUMENTS](#)

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## 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;
- I have read and understand the disclaimers at the beginning of this form regarding the disclosure of information contained within this complaint.

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

Imre Kifor

**Date Submitted**

06/16/2026