

# RCB-2U Instructions

## The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

Records Conservation Board – Massachusetts Archives at Columbia Point

220 Morrissey Blvd., Boston, Massachusetts 02125-3384

Email: [rcb@sec.state.ma.us](mailto:rcb@sec.state.ma.us)

Website: [www.sec.state.ma.us/arc/arcrmu/rmuidx.htm](http://www.sec.state.ma.us/arc/arcrmu/rmuidx.htm)

Phone: 617-727-2816 Fax: 617-288-8429

### FORM RCB-2U – UNIVERSAL APPLICATION FOR DESTRUCTION PERMISSION (PAPER AND ELECTRONIC)

**IMPORTANT!** Your Agency **must** submit this form to request permission to destroy the **last copy** of a record as authorized by the current retention schedule. You do not need to submit a form to destroy administrative use records.

1. Destruction Permission for: Attorney General's Office  
State Agency or State Authority

2. Name and contact information of the person whom the RCB may contact to discuss the contents of this application:

Jane Doe Civil Rights/Fair Labor/GCO Administrative Assistant  
Print or Type Name Office/Division Title

617-963-0000 jane.doe@mass.gov  
Phone Email Address

One Ashburton Place, Boston, MA 02108-1518  
Mailing Address

3. This confirms that the undersigned authorized signatory has personally reviewed the records listed below and confirms that these records are not the subject of any pending or actual litigation, litigation hold, audit or investigation.

Mary Smith Division Chief January 9, 2019  
Sign or type name of Department Head or Authorized Signatory Title Date

**DO NOT USE THIS SPACE  
(RCB USE ONLY)**

**APPROVALS:**  
Pursuant to G.L. c.30 §42, as most recently amended, the Records Conservation Board hereby grants permission to destroy the records listed in this application.

RECORDS  
CONSERVATION BOARD

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Secretary

/ \_\_\_\_ / \_\_\_\_  
Date of approval

Schedule Section Number	Schedule Section Title	Description of Records	Volume	Retention Period Year(s)	Inclusive Dates (MM/YY - MM/YY)
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
B06-13(b)	Consumer Complaint Investigations	Civil Rights Complaints-no further action taken	10 Boxes	3 Years	01/15 - 12/15

USE CURRENT STATEWIDE SCHEDULE: [www.sec.state.ma.us/arc/pdf/MA\\_Statewide\\_Records\\_Schedule.pdf](http://www.sec.state.ma.us/arc/pdf/MA_Statewide_Records_Schedule.pdf)  
PLEASE SEE RCB-2U INSTRUCTIONS: [www.sec.state.ma.us/arc/pdf/RCB-2U\\_Instructions.pdf](http://www.sec.state.ma.us/arc/pdf/RCB-2U_Instructions.pdf)

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**Office of the Attorney General**

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**4** **B06-13: Consumer Complaint Investigations**  
See sub-schedules for specific retention periods.  
Documents the review of consumer initiated complaints relating to business practices against businesses and entities dealing in goods or services, including merchants, insurance companies, health care providers, financial institutions, and their employees. Includes complaints, substantive support materials, and related correspondence.

**4** **B06-13 (a): Complaint files**  
Retain 6 years.

**8** **B06-13 (b): Complaints for which no further action is taken**  
Retain 3 years.

- 1** State agency or state authority name only
- 2a** Name of individual completing the form
- 2b** Name of the office or division within the state agency or authority that is in possession of the records
- 2c** Title of individual completing the form
- 2d** Phone number of individual completing the form
- 2e** Email address of individual completing the form
- 2f** Mailing address of individual completing the form
- 3a** Signature of individual confirming there is no prohibition on destroying the records listed below. Name may be typed with express consent of department head or authorized signatory.
- 3b** Title of department head or authorized signatory
- 3c** Date form is completed
- 4** Schedule Section Number - This is the number of the record series. Schedule number always begins with a letter followed by a series of numbers.
- 5** Schedule Section Title - This is the bolded title of the category of records.
- 6** Description of Records - Specific description of records that prompts the application of a particular retention period
- 7** Volume - For paper records: number of pages, boxes, filing cabinets, etc For electronic records: number of MBs or files
- 8** Retention Period Year(s) - The required minimum number of years the records under the Schedule Section Number must be retained after final action or listed triggering event (examples: last activity, closure, last payment, separation from employment, after audit, etc.)
- 9** Inclusive Dates - Range of dates of records to be destroyed that fall within the applicable retention period. Please be sure to use MM/YY format. Designate fiscal year, if appropriate.