



**PENNSYLVANIA HUMAN RELATIONS COMMISSION  
PUBLIC ACCOMMODATIONS DISCRIMINATION QUESTIONNAIRE**

**1. YOUR CONTACT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

Apt.

City

State

Zip Code

Phone Number: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

(W) \_\_\_\_\_ May we call you at work?  Yes  No

E-mail address: \_\_\_\_\_

Name, address and phone number of a person, who does **NOT** live with you and will know how to contact you:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street

Apt.

City

State

Zip Code

E-mail address: \_\_\_\_\_

**2. AGAINST WHAT BUSINESS\* OR ORGANIZATION DO YOU WANT TO FILE YOUR COMPLAINT?**

Name \_\_\_\_\_

Address in PA \_\_\_\_\_

Street

City

PA

State

Zip Code

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Type of business \_\_\_\_\_

(\*For example, restaurant, theater, delivery service, state or local government agency, etc.)

The Pennsylvania county where you were harmed: \_\_\_\_\_

**3. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU.\* Check all that apply.**

**Write the date(s)** you were harmed beside the discriminatory event or action:

- Admission refused \_\_\_\_\_  Re-admission refused \_\_\_\_\_
- Eviction (forced to leave) \_\_\_\_\_  Accused of shoplifting \_\_\_\_\_
- Different price charged for goods or service \_\_\_\_\_
- Different service \_\_\_\_\_  Service denied \_\_\_\_\_
- Privileges revoked \_\_\_\_\_ Surveillance (you were followed or watched) \_\_\_\_\_
- Racial profiling \_\_\_\_\_
- Different terms/conditions of contract \_\_\_\_\_
- Different terms/conditions of sale \_\_\_\_\_
- Different terms/conditions of service \_\_\_\_\_
- Different terms/conditions of goods \_\_\_\_\_
- Harassment (Complete #9 if you were harassed.) \_\_\_\_\_
- Denied access related to a disability \_\_\_\_\_
- Denied reasonable accommodation for a disability \_\_\_\_\_
- Interpreter denied (American Sign Language or other language) \_\_\_\_\_
- Discriminatory notice or ad displayed or published \_\_\_\_\_

**OTHER**, please be specific: \_\_\_\_\_

**\*PLEASE ATTACH COPIES OF ANY DOCUMENTS SUCH AS AN AD, LETTER , RECEIPT, CONTRACT, ETC. TO BACK UP WHAT YOU ARE SAYING.**

**4. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?**

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, sex, national origin, disability or the use, handling or training of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you feel you were treated differently because of your race and sex, please check both race and sex. **Only check those reasons which explain why you were harmed.** Also, please identify your race, color, religion, national origin or ancestry, etc. **if** you were discriminated against based on those factors.

- Male  Female  Pregnant

Race \_\_\_\_\_  Color \_\_\_\_\_

Religion \_\_\_\_\_  Ancestry \_\_\_\_\_

National Origin (country in which you were born) \_\_\_\_\_

Association with a person of a different race than your own:

Your race \_\_\_\_\_ the other person's race \_\_\_\_\_

Use of a guide or support animal for disability (please complete #6)

Handling or training of a support animal for disability (please complete #6)

Other (please specify) \_\_\_\_\_

I have a disability. (please complete #6)  The manager, etc. treats me as if I am disabled.

I had a disability in the past. (please complete #6)

I have a relationship or association with someone who has a disability. (please complete #6)

**RETALIATION**

If you believe you were **harmed** because you complained about what you believed to be unlawful discrimination, because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.

Date you filed a complaint with the PA Human Relations Commission \_\_\_\_\_

If you filed a complaint with another agency, list the agency's name and date of filing:

\_\_\_\_\_  
Date you complained about discrimination and person you complained to (name and position):

\_\_\_\_\_  
Date you assisted someone in complaining about discrimination

**5. STATE THE REASONS THE MANAGER, BUSINESS OWNER, ETC. GAVE FOR THE ACTIONS THAT HARMED YOU.** \_\_\_\_\_

\_\_\_\_\_  
Who told you about the reasoning for the action? Include his or her position or title.

\_\_\_\_\_  
When were you told about the action taken against you? \_\_\_\_\_

Date(s)

If you were given no reason, please check here.

Regarding how you were harmed, please identify a person or persons who were treated better than you. *For example, you were charged a different price for items in a department store than other customers, and you are wearing religious garments that identify your religion as different*

from theirs.

Name of other person(s) - First and Last (if unknown, say who they were - another shopper, diner, etc.) \_\_\_\_\_

How is this person different from you? For example, what is his or her race, age, religion, etc.?  
\_\_\_\_\_

Please explain **exactly** how this person was treated better or differently than you. Include dates.  
\_\_\_\_\_  
\_\_\_\_\_

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. which can be investigated, and which directly relates to why you were treated differently than someone else.  
\_\_\_\_\_  
\_\_\_\_\_

**6. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #4 ABOVE, ANSWER THE FOLLOWING QUESTIONS. (IF NOT, SKIP TO #7)**

What is your disability? \_\_\_\_\_

How long have you had this disability and when did it start? \_\_\_\_\_

Do you still have this disability?  yes  no

If yes, how much longer do you expect to have the disability? \_\_\_\_\_

What major life activities do **you have great difficulty performing** because of your disability (Check all that apply.)

Seeing  Hearing  Bending  Walking  Lifting  Stooping  Turning

Climbing  Running  Talking  Standing for long periods

Sitting for long periods  Caring for yourself  Thinking  Concentrating

Relating to Others

Other Major Life Activities (**Be specific**) \_\_\_\_\_

If you have had a disability in the past, when did it start, and what date did it end? \_\_\_\_\_

If a business owner, manager or employee, etc. treats you as if you are disabled: What disability do they think or believe you have? \_\_\_\_\_

Names and positions of the people who are treating you as disabled:  
\_\_\_\_\_

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Why do you think that these people think or believe you have a disability?

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How did the business owner, employee, etc. learn about your disability?

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On what date did they learn about your disability? \_\_\_\_\_

Which specific person learned about your disability? (include his or her position or title)

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If you are related to someone who has a disability, what is your relationship to this person?

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What is this person's disability? \_\_\_\_\_

How and on what date did the business owner, manager, etc. learn about this person's disability?

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Did you ask for an accommodation or assistance?  yes  no

IF YES,

(1) To whom did you make your request? \_\_\_\_\_

(2) On what date was the request made? \_\_\_\_\_

(3) Please describe the accommodation or assistance you requested, and why.

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Did the business owner, manager, etc. provide the requested accommodation or assistance?

yes  no

If so, on what date? \_\_\_\_\_

If not, did he or she provide some other accommodation or assistance instead?  yes  no

If yes, please explain. \_\_\_\_\_

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Did the owner, manager, etc. deny your request for an accommodation or assistance?

yes  no

if so, who denied your request? \_\_\_\_\_

What date was the request denied? \_\_\_\_\_

What reason was given to you for the denial? \_\_\_\_\_

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**7. IF YOU WERE DENIED ACCESS TO A PUBLIC ACCOMMODATION BECAUSE OF A DISABILITY, PLEASE DESCRIBE THE INACCESSIBLE FACILITY OR SERVICE, IN ADDITION TO COMPLETING QUESTION 6.**

What service, facility or area was not accessible, and how? *(Be as specific as possible, for example: entrance was not accessible because of stairs, doorway/aisles too narrow for wheelchair, medical facility refused to provide ASL interpreter, no accessible parking, etc.)*

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**8. IF YOU WERE DENIED ACCESS TO A PUBLIC ACCOMMODATION FOR A REASON OTHER THAN DISABILITY, PLEASE DESCRIBE THE INACCESSIBLE FACILITY OR SERVICE AND HOW IT WAS NOT ACCESSIBLE.**

What service, facility or program was not accessible, and how was it inaccessible? *(Be as specific as possible, for example: the business owner demanded that I order in English, when a Spanish-speaking employee was available.)*

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**9. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #3, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.**

Name the person(s) who harassed you: \_\_\_\_\_

His or her position or title (manager, owner, employee, fellow customer, etc.)

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When were you harassed: Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

Is the harassment still continuing?  yes  no

How often did the harassment occur? As well as possible, please indicate **date, month and year** of each incident and how often the harassing actions occurred.

One time only \_\_\_\_\_  Once a day \_\_\_\_\_

Several times daily \_\_\_\_\_

multiple times/week \_\_\_\_\_

multiple times/month \_\_\_\_\_

Please provide two or three examples of the harassment you experienced.

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Did you consider any of the above acts of harassment to be especially severe and/or offensive?

Yes  No If so, please explain why. \_\_\_\_\_

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Did the harassment have a negative or harmful effect on you or your health, or your health? If so, please explain:

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Did you complain to anyone about the harassment?  Yes  No

To whom did you complain? \_\_\_\_\_

Name

Position or title

What date did you complain? \_\_\_\_\_

Did the harassment stop after you complained about it?  Yes  No

If it ended, on what date did it stop? \_\_\_\_\_

After you complained, were any other actions taken against you? (for example – eviction, denied service etc.)  Yes  No

What were the actions? \_\_\_\_\_

On what dates did they occur? \_\_\_\_\_

Who took the action against you? \_\_\_\_\_

Name

Position or title

Did this person know that you complained about the harassment?  Yes  No

**10. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:**

Name of the agency with which you filed: \_\_\_\_\_

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Date of filing

Inquiry or Complaint number

**11. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOU OR ANYONE ELSE). IF SO, PLEASE SPECIFY**

**THE COURT AND THE DATE FILED, TO THE BEST OF YOUR MEMORY.**

Yes  No \_\_\_\_\_  
Court City County State Date filed

**12. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:**

Name of the agency with which you filed: \_\_\_\_\_

\_\_\_\_\_  
Date of filing Inquiry or Complaint number

**13. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE YOUR ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT.)**

**YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.**

*I hereby verify that the statements contained in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES TO DESCRIBE WHAT HAPPENED TO YOU AS COMPLETELY AS POSSIBLE.**

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