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 ____________________________________________________________

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 ____________________________       PA ____________________________

    Street      PA City                             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 this 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:
Why do you think that these people think or believe you have a disability?

________________________________________________________________________

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

________________________________________________________________________

On what date did they learn about your disability? ________________________________

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

________________________________________________________________________

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

________________________________________________________________________

What is this person’s disability? _____________________________________________

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

________________________________________________________________________

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.

________________________________________________________________________

________________________________________________________

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. _______________________________________________________

________________________________________________________________________

________________________________________________________

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? _________________________________
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.)

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.)

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.)

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.
Did you consider any of the above acts of harassment to be especially severe and/or offensive?  □ Yes □ No  If so, please explain why. ________________________________________________________________

______________________________________________________________

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

______________________________________________________________

______________________________________________________________

______________________________________________________________

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: __________________________

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.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________