

**INSTRUCTIONS ON HOW TO COMPLETE THE
PHRC EMPLOYMENT DISCRIMINATION COMPLAINT**

STEP 1

Caption

A	:	
	:	
Complainant(s)	:	PHRC Case No.
	:	
v.	:	EEOC No.
	:	C
	:	
B	:	
	:	
Respondent(s)	:	

- A. Fill in the name of the individual or individuals filing this Complaint
- B. Fill in the name of every person, employer, union, labor organization or other entity against whom you are filing the complaint
- C. This section will be completed by the PHRC once the complaint is filed

STEP 2

Section 1: COMPLAINANT(S)

- A. Fill in your name and complete street address
- B. If any other persons are also filing the complaint, fill in their name and complete street address

STEP 3

Section 2: RESPONDENT(S)

- A. Fill in the name of the person, employer, labor organization, union or other entity against whom you are filing the complaint and provide their complete street address
- B. If you are filing the complaint against more than one person, employer, labor organization, union or other entity, provide the name and address for each one

STEP 4

Section 3: Number of Employees Employed by Respondent(s)

- Fewer than 4 4 to 14 15 to 20 20+

A. If you are filing the complaint against an employer, determine the approximate number of employees employed by the entity against whom you are filing the complaint and check the appropriate box

STEP 5

Section 4a: **I was employed by Respondent as _____ since _____.**

- A. Only check the box if you were employed by the respondent named in this complaint
- B. If you check the box, in the first blank space fill in your job title with the respondent
- C. In the second blank space, fill in the date your employment began with the respondent

STEP 6

Section 4b: **I applied for employment with Respondent as _____ on _____.**

- A. Only check the box if you applied for employment with the respondent named in this complaint
- B. If you check the box, in the first blank space fill in the job title for which you applied with the respondent
- C. In the second blank space, fill in the date you applied for employment with the respondent

STEP 7

Section 5: Protected Classes

- | | |
|---|---|
| <input type="checkbox"/> Race: | <input type="checkbox"/> Religious Creed: |
| <input type="checkbox"/> Color: | <input type="checkbox"/> National Origin: |
| <input type="checkbox"/> Sex: | <input type="checkbox"/> Ancestry: |
| <input type="checkbox"/> Age/Date of Birth: | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Disability: | <input type="checkbox"/> Use of Guide or Support Animal |
| <input type="checkbox"/> Other (specify): | |

A. Check only the protected class(es) for which you allege discriminatory conduct in this complaint

- B. For example, if you allege that you were disciplined by your employer because of your race, check the box next to race. Then, fill in the box next to race and specify your race
- C. Make sure you check the box for all protected classes for which you allege the respondent engaged in discriminatory conduct in this complaint
- D. For each protected class box that you check, make sure you fill in the box specifying the protected class, where applicable

STEP 8

Section 6: Dates of Discrimination

Beginning: _____ **Ending:** _____
Continuing? Yes No

- A. You must specify the dates that the discriminatory action occurred. Next to beginning, provide the date that the discriminatory action first occurred
- B. Next to ending, provide the date on which the last act of discrimination occurred
- C. If the discriminatory conduct is presently continuing, check the box next to yes
- D. If the discriminatory conduct is no longer occurring, check the box next to no

STEP 9

Section 7: Describe the discriminatory conduct, with specificity, and explain how the discriminatory conduct is related to your protected class

- A. For each act of harm that has occurred, you must provide your protected class, the date the act of harm occurred, why you believe the act of harm was engaged in because of your protected class and any other relevant information pertaining to the act of harm alleged
- B. Each act of harm should be separately identified with a subparagraph
- C. For example:
 - 7. A. Discriminatory discipline because of race
 - 1. I am an African American adult.
 - 2. On August 1, 2020, Respondent gave me a written warning for sleeping on the job.
 - 3. Sam Smith and Bob Jones have slept on the job and were not disciplined.
 - 4. Sam Smith and Bob Jones are Caucasian employees.
 - 7. B. Discriminatory discharge because of sex
 - 1. I am a male adult.
 - 2. On September 1, 2020, Respondent terminated my employment.
 - 3. Respondent informed me that my employment was terminated because I incurred three absences in a one-year period.

4. Respondent maintains a policy which states that employees who incur three absences in a one-year period will receive disciplinary action, up to and including termination.
5. Sally Smith and Barbara Jones have each incurred more than three absences in a one-year period.
6. Sally Smith and Barbara Jones are still employed by Respondent.
7. Sally Smith and Barbara Jones are female employees.

STEP 10

Verification

- A. Verify that the statements contained in the Complaint are true and correct to the best of your knowledge, information and belief
- B. Sign your name on the “signature” line
- C. Print your name on the “printed name” line
- D. Put the date you sign the Complaint on the “date” line
- E. If more than one person is filing the complaint, all named complainants must complete the verification