COMMONWEALTH OF PENNSYLVANIA GOVERNOR'S OFFICE PENNSYLVANIA HUMAN RELATIONS COMMISSION

Complainant(s	\overline{s} , \cdot
V.	:
	:
Respondent(s)	_, :

PHRC Case No.

Respondent(s)

COMPLAINT

1. **COMPLAINANT(S)** (name(s)/address(es)/phone number(s))

2. **RESPONDENT(S)** (name(s)/address(es)/phone number(s))

(person; owner, proprietor, superintendent, agent, or employee of any public accommodation; educational insitution; or other entity against whom you are filing this complaint)

3. Respondent is a public accommodation which is open to, accepts, or solicits the patronage of the general public.

4a.	Respondent	is located at		•
4b.	I applied for admission to Respondent		on	•
4c.	I attended Respondent	from	until	•

5. **Protected Class(es)** (check all reasons you have been discriminated against and specify the class, e.g. race, African American; sex, female)

Race:	Religious Creed:
Color:	National Origin:
Sex:	Ancestry:
Disability:	Retaliation
Use of Guide or Support Animal	Other (specify):

6. Dates of Discrimination:

Beginning: _____ Ending: _____

Continuing? Yes No

7. DESCRIBE THE DISCRIMINATORY CONDUCT, WITH SPECIFICITY, AND EXPLAIN HOW THE DISCRIMINATORY CONDUCT IS RELATED TO YOUR PROTECTED CLASS:

(e.g. denial of admittance, denial of disability accommodation, retaliation, different terms and conditions of services provided)

WARNING: FAILURE TO COMPLETE THIS SECTION MAY RESULT IN YOUR COMPLAINT BEING REJECTED FOR INSUFFICIENCY.

- 8. Based upon the foregoing, I/we allege that the Respondent(s) violated Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963, and the implementing regulations, 16 Pa. Code §§ 41.1-47.74.
- **9.** Based upon the foregoing, I/we allege that the Respondent(s) violated Section 4 of the Pennsylvania Fair Educational Opportunities Act, 24 P.S. §§ 5001-5010.
- **10.** The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- **11.** I/we pray that the Respondent(s) be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.

VERIFICATION

I hereby verify that the statements contained in this Complaint 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.A. § 4904, relating to unsworn falsification to authorities.

Date

Signature

Printed Name

Date

Signature

Printed Name

WARNING: COMPLAINTS MUST BE SIGNED AND FILED WITHIN 180 DAYS OF THE ALLEGED ACT OF HARM.

<u>WARNING</u>: IF YOU FAIL TO COMPLETE ANY PORTION OF THIS COMPLAINT, THE PHRC MAY NOT ACCEPT YOUR COMPLAINT FOR FILING.