#### COMMONWEALTH OF PENNSYLVANIA GOVERNOR'S OFFICE PENNSYLVANIA HUMAN RELATIONS COMMISSION

No.

Complainant(s)	:	PHRC Case
V.	:	HUD No.
	:	
Respondent(s)	:	

# **COMPLAINT**

## 1. COMPLAINANT(S)

#### 2. **RESPONDENT(S)**

(person, landlord, owner, housing provider, or other entity against whom you are filing this complaint)

## 3. Address of property at issue (hereinafter "the subject property":

4a. ]	I began renting the subject property from Respondent on	
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- 4b. I applied to rent the subject property from Respondent on \_\_\_\_\_
- 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:
Age/Date of Birth:	Retaliation
Disability:	Use of Guide or Support Animal
Familial Status:	Other (specify): PHRC Housing Complaint, Rev. 9-2020

#### 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. failure to rent, termination of lease, denial of disability accommodation, retaliation, different terms and conditions of housing)

# 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.
- **9.** The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- **10.** I/we pray that the Respondent(s) be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.
- 11. If applicable, this Complaint will be dual-filed with the U.S. Department of Housing and Urban Development (HUD), pursuant to the work-sharing agreement between the PHRC and HUD. Based upon the foregoing, I/we allege that the Respondent(s) violated Title VIII of the Civil Rights Act of 1968.

## 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.