

INSTRUCTIONS ON HOW TO COMPLETE THE PHRC PUBLIC ACCOMMODATION DISCRIMINATION COMPLAINT

	STEP 1		
	Caption		
A	:		
Complainant(s)	· :	PHRC Case No.	
v.	:	HUD No.	C
В	:		
Respondent(s)	: :		

- A. Fill in the name of the individual or individuals filing this Complaint
- B. Fill in the name of every person, owner, proprietor, superintendent, agent, or employee of public accommodation, 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, owner, proprietor, superintendent, agent, or employee of public accommodation, or other entity against whom you are filing the complaint and provide their complete street address

superintendent, agent, or employee provide the name and address for e	of public accommodation, or other entity, ach one
STE	<u>CP 4</u>
Section 3: Respondent is a p	
A. In the blank space, fill in the name the complaint.	of the entity against whom you are filing
STE	<u>CP 5</u>
you visited.	med in the complaint has a physical location dress of the physical location you visited.
STE	<u>CP 6</u>
A. Only check the box if you visited to B. If you check the box, fill in the nan location you visited. C. If you check the box, fill in the apprespondent's physical location.	he respondent's physical location. ne of the respondent whose physical
STE	<u>CP 7</u>
Section 5: Protected Classes	
□ Race:	□ Religious Creed:
□ Color:	□ National Origin:
□ Sex:	□ Ancestry:
□ Disability:	□ Retaliation
☐ Use of Guide or Support Animal	□ Other (specify):
A. Check only the protected class(es) in this complaint	for which you allege discriminatory conduct

B. If you are filing the complaint against more than one person, owner, proprietor,

- B. For example, if you allege that you were denied admittance 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:	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

<u>Section 7</u>: 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. Failure to accommodate because of disability
 - 1. I am an adult who suffers from a physical impairment which substantially limits my ability to walk.
 - 2. I walk with the assistance of a support animal, my dog Rex.
 - 3. On August 1, 2020, I visited Respondent's store located at 123 Main Street, Centertown, PA.
 - 4. As soon as I walked into Respondent's store, the store employee, John Smith, informed me that I was not permitted to enter the store with my support animal.
 - 5. I informed Mr. Smith that I need Rex because of my disability and that Rex assists me with my ability to walk.
 - 6. Mr. Smith continued to refuse to allow me to walk around Respondent's store with Rex.

- 7. I left Respondent's store and was unable to shop for the things I needed.
- 7. B. Discriminate in the terms and conditions of services provided because of disability
 - 1. I am an adult who suffers from a physical impairment which substantially limits my ability to walk.
 - 2. I walk with the assistance of a support animal, my dog Rex.
 - 3. On August 1, 2020, I visited Respondent's store located at 123 Main Street, Centertown, PA.
 - 4. As soon as I walked into Respondent's store, the store employee, John Smith, informed me that I was not permitted to enter the store with my support animal.
 - 5. I informed Mr. Smith that I need Rex because of my disability and that Rex assists me with my ability to walk.
 - 6. Mr. Smith continued to refuse to allow me to walk around Respondent's store with Rex.
 - 7. Mr. Smith allowed non-disabled patrons to enter the store and shop.
 - 8. Mr. Smith did not allow me to enter the store and shop for the things I needed.
 - 9. I left Respondent's store and was unable to shop for the things I needed.

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