

## PUBLIC ACCOMMODATION INTAKE QUESTIONNAIRE

### 1. Complainant(s) Contact Information:

Name: \_\_\_\_\_  
Filing on behalf of: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address (Suite, Apt. etc.) \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Cell Phone No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Are you Hispanic?  Yes  No  
What is your National Origin? \_\_\_\_\_

### 2. Respondent(s) Contact Information: (person, landlord, owner, housing provider, or other entity against whom you are filing this complaint)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address (Suite, Apt. etc.) \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

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

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

4. The Pennsylvania county where you were harmed: \_\_\_\_\_

5. I visited Respondent on: \_\_\_\_\_

6. Dates of Discrimination: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Continuing?  Yes  No

7. Describe the discriminatory conduct, with specificity, and explain why you feel that you were discriminated against because of your protected class: (e.g., denial of admittance, denial of disability accommodation, retaliation, different terms, and conditions of services provided)

- 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.
- The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- 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 above 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**\*PROVIDE A COPY OF ANY DOCUMENTATION OR WEBPAGE SHOWING THE EXACT ADDRESS OF THE RESPONDENT THAT DENIED YOU A PUBLIC ACCOMMODATION IN PDF FORMAT**