

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

_____ ,	:	
Complainant(s)	:	PHRC Case No.
	:	
v.	:	
	:	
_____ ,	:	
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; 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 visited 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: |
| 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. 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.

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.

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