Discrimination Complaint Intake Form

DOYLESTOWN TOWNSHIP
A Welcoming Community
Human Relations Commission (HRC)

1. Information about you:

Name:	
Address:	
City, State, Zip:	
Phone #'s:	
Home:	**Work:**
Cell:	
E-Mail:	

2. The person or organization you believe discriminated against you:

Name/Organization:	
Address:	
Telephone Number:	**Email**

3. This complaint is related to: (check all that apply)

☐ **Employment** ☐ **Public Accommodation/ Service** ☐ **Housing**

4. Discrimination took place on: Earliest Date:_____ Latest Date: _____

5. This complaint is based on discrimination due to: (check all that apply)

☐ Age
☐ Actual or perceived race
☐ Ancestry
☐ Familial or marital status
☐ Genetic information
☐ National origin
☐ Non-job-related disability
☐ Sexual orientation
☐ Use of guide or support animal
Because of blindness, deafness or mental or physical disability of the user or it the user is a handler or trainer of support animals and. Or medial aids.

☐ Religious creed
☐ Skin Color
☐ Sex
☐ Status as a returning citizen
☐ Source of income
☐ Veteran status
☐ Sexual orientation
☐ Gender identity or expression

6. This particular of the complaint are as follows:

_____

_____

_____

_____

_____

If there are additional facts that you believe should be considered, please attached additional page(s).

I hereby verity that the statement contained in this Complaint are true and correct and to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904, relating to unsworn falsification to authorities.

_____ _____

Signature of Complainant **Date**

Received by HRC Intake Representative: _____

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TO BE COMPLETED BY A HRC INTAKE REPRESENTATIVE

Case # _____

Date:	**Time:**

In person: ☐ **Yes** ☐ **No**

Phone: ☐ **Yes** ☐ **No**

Notes:

Are you the Complainant? ☐ **Yes** ☐ **No**

If not, on whose behalf are you filing this complaint?

Name:	**Relationship:**

Did the alleged incidents of discrimination occur within in township of Doylestown? ☐ **Yes** ☐ **No**

Did the alleged discrimination occur within the last 180 days? ☐ **Yes** ☐ **No**

Notes:

Witnesses:

Name: _____

Signature:_____