

ALLENTOWN HUMAN RELATIONS COMMISSION OFFICIAL COMPLAINT FORM

To file a discrimination complaint, you must download this form onto your computer. Then, open the form on your computer and fill it out. Then, save the form. Attach the form to an email and send the email to

atownhrc@gmail.com. Please note: the form will not automatically send to the Allentown Human Relations Commission by simply filling it out and saving it.

YOU MUST ATTACH THE FILLED-OUT FORM (WHICH YOU HAVE DOWNLOADED) TO AN EMAIL AND SEND IT TO atownhrc@gmail.com.

Date of filing:

1. Complainant(s):

Legal name:

Chosen name if different from legal name:

Pronouns:

Prefer to be addressed as (sir, ma'am, by your name, other):

Address:

City:

State:

Zip code:

Email address:

Phone number:

Will you need translation help into English? ☐ Yes ☐ No

If yes, what language do you use?:

Are you helping someone else file this complaint? ☐ Yes ☐ No

If yes, what is your name and contact information?:

2. Respondent(s) (Person or persons, organization, business, landlord, etc. that you are filing this complaint against:

Individual's Name/s:

Title:

Relationship to complainant (business owner, supervisor, landlord, neighbor, etc.):

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Name of Business or Organization:

Address:

City:

State:

Zip Code:

Email address:

Phone number/s:

3. Did this discrimination happen in Allentown City? ☐ Yes ☐ No

Provide exact address where discrimination happened:

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4. Did this discrimination happen within the last 180-days? ☐ Yes ☐ No

Dates of discrimination: Began:

Ended:

Is it continuing: ☐ Yes ☐ No

5. Your complaint must relate to unfair discrimination based on a protected class covered by the Allentown Discrimination and Human Relations Ordinance. Please indicate the protected class(es) that relate to this complaint (check all that apply):

- ☐ Race
- ☐ Ethnicity
- ☐ Color
- ☐ Religion
- ☐ (Religious) Creed
- ☐ National Origin
- ☐ Citizenship Status
- ☐ Sex (including pregnancy, childbirth, and related medical conditions)
- ☐ Gender Identity
- ☐ Sexual Orientation
- ☐ Genetic Information
- ☐ Marital Status
- ☐ Familial Status
- ☐ GED rather than high school diploma
- ☐ Physical or mental disability
- ☐ Relationship or association with a disabled person
- ☐ Source of income
- ☐ Age (over 35)
- ☐ Height
- ☐ Weight
- ☐ Veteran Status
- ☐ Disability
- ☐ Use of guide or support animals and/or mechanical aids

- ☐ Domestic or Sexual Violence Victim Status
- ☐ Retaliation for claiming discrimination
- ☐ Other (specify)

Other covered areas of discrimination:

- ☐ Discrimination due to Long Covid or HIV/AIDS
- ☐ Requiring those convicted of a crime to check a box on a job application
- ☐ Denial of membership in a labor union
- ☐ Asking about prior salary
- ☐ Penalizing or harassing someone for not speaking English in non-job required instances
- ☐ Discrimination against a breast-feeding mother
- ☐ Discrimination against a licensed common carrier/driver
- ☐ Discrimination or unequal treatment in educational institutions based on a protected class regarding use of facilities that are appropriate to gender
- ☐ Discriminatory advertising in relation to provision of services or housing

6. Was this discrimination based on a prior criminal conviction? ☐ Yes ☐ No

7. Was this discrimination in retaliation for a previous discrimination complaint you made?
☐ Yes ☐ No

8. Category of discrimination (check all involved):

- ☐ Employment
- ☐ Housing
- ☐ Education
- ☐ Healthcare
- ☐ Public Accommodation (public services, stores, community resources, access to organizations, financial lending, etc.)

Please be aware that it is your responsibility, as the complainant, to provide evidence of discrimination.

9. Describe what happened in detail. Explain why you know unfair discrimination happened in relation to a protected class. Describe specific statements by the Respondent/s that demonstrate protected class discrimination. Include what the respondent did (denial of accommodation, inferior treatment, unequal or non-parity of services, harassment, hate language, retaliation):
10. If this is an employment complaint, have you spoken about or filed an internal complaint within your company? ☐ Yes ☐ No
11. What evidence of discrimination can you supply with your complaint? (Emails, copies of internal complaint filings, witnesses or witness statements, uneven treatment, statements, or remarks by the respondent, a pattern of bias, etc.):
12. Have you already filed a complaint on this issue with the Pennsylvania Human Relations Commission? ☐ Yes ☐ No
13. Have you filed a complaint on this issue with the federal Equal Employment Opportunity Commission (EEOC)? ☐ Yes ☐ No
14. If this is an employment complaint, how many people are employed at the business?:

15. Are you able to meet with a Human Relations Commissioner to discuss your complaint?

☐ In-Person at the Allentown City Hall building?

☐ On-line in a Zoom meeting?

☐ On the phone?

VERIFICATION

I hereby verify that the statements on this form 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:

COMMISSION USE ONLY

Received by:

Date Received:

Time Received :

Intake Reviewer:

Investigator:

Complaint is *prima facie*? ☐ Yes ☐ No

Complaint under the jurisdiction of the AHRC? ☐ Yes ☐ No

Complaint Resolved (founded and resolution has occurred): ☐ Yes ☐ No

Complaint Denied (unfounded) ☐ Yes ☐ No

Date of Findings :

Findings in summary: