



Borough of Lansdowne

Human Relations Commission

12 East Baltimore Avenue
Lansdowne, PA 19050
(610) 623-7300
hrc@lansdowneborough.com

Joan Reivich
Chair

Complainant Submission Form & Witness Information

Lansdowne HRC can investigate complaints of discriminatory action by any person, including but not limited to employers, on the basis of race, color, gender, religion, national origin, sexual orientation, gender identity and expression, familial status, age, veteran status, mental or physical disability, pregnancy, use of guide or support animals and/or mechanical aids because of blindness, deafness, or other disabilities, or any other basis prohibited by the Pennsylvania Human Relations Act.

Information about you:

Name: _____
Address: _____
City/State/Zip: _____
Phone #'s Home: _____ Work: _____ Cell: _____ Other: _____
Date of Birth: _____

Information about the Person or Organization your Complaint is Against:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Type of Business or Organization: _____

Information about a person who will know how to contact you and who does not reside at your address:

Name: _____
Address: _____
City/State/Zip: _____
Phone #'s Home: _____ Work: _____ Cell: _____ Other: _____

1. **Discrimination means difference in treatment.** Please explain what happened to you and why you believe you were treated differently.

*We will be using the word "class" to describe persons on this form. **Class means the person's race, sex, age, ancestry, religion, sexual orientation, and so on.** Depending on the issues in the complaint, a person may belong to more than one class, for example, a "black" "female" (race/sex). For example, if your complaint is based on the class of "race", you must indicate the race of all the persons mentioned in your complaint.*

In other words, what happened to persons of a **different** class that makes you believe they received more favorable treatment than you. Please give specific dates.

2. If you believe you were treated this way because of one or more reasons listed below, please check those reasons.

<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin	<input type="checkbox"/> Race	<input type="checkbox"/> Age
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender Identity & Expression	<input type="checkbox"/> Use of Guide Dog or Support Animal
<input type="checkbox"/> Veteran Status			

Non-job related disability [please identify your disability _____]

Other [please describe _____]
_____]

3. Did you complain to management about this incident or problem(s)? If so, please indicate the name and title of the person to whom you complained and describe what action was taken by management.

4. Has anyone else been treated as you were? Please list them and identify them by their class (race, age, sex, etc.)

5. Describe what happened to the person(s) listed in #4.

6. Name other people who have been treated differently. Please list them and identify them by their class (race, age, sex, etc.)

7. Describe what happened to the person(s) listed in #6.

8. Because of the action/discrimination against you, did you suffer any monetary loss or lose benefits? Please include any out-of-pocket expenses.

9. What have you done to make up for the losses mentioned in #8?

10. Have you filed a complaint about this matter with any other commission or agency? If so, please indicate below:

Name of Agency
Or Commission: _____

Date Filed: _____

Docket #: _____

11. Have you taken any court action regarding this matter? If so, please indicate below:

Name of Court: _____

Date Filed: _____

City/County/State _____

Were there any witnesses to what happened to you? YES NO

If yes, please list them

1. Name/Title _____

Address _____

Phone #'s _____

What will the witness be able to tell us? _____

2. Name/Title _____

Address _____

Phone #'s _____

What will the witness be able to tell us? _____

3. Name/Title _____

Address _____

Phone #'s _____

What will the witness be able to tell us? _____

4. Name/Title _____

Address _____

Phone #'s _____

What will the witness be able to tell us? _____

5. Name/Title _____

Address _____

Phone #'s _____

What will the witness be able to tell us? _____

If there are additional facts that you believe should be considered, record those on the last page of this form.

