# Human Relations Commission

Towamencin Township · Ordinance No. 26-3, Chapter 20

Any person who believes they have been subjected to unlawful discrimination may file a verified complaint with the Towamencin Township Human Relations Commission (the "Commission") pursuant to Ordinance No.†26-3, Chapter†20 of the Township Code. **Complaints must be filed within 180 days of the alleged discriminatory act.** Completed forms may be submitted to the Township offices or as otherwise directed by the Commission. All information provided will be treated as confidential to the extent permitted by law, including the Pennsylvania Right-to-Know Law.

## SECTION 1 — COMPLAINANT INFORMATION

Full Name(s):

Street Address:

City: State: Zip: Township / Municipality:

Phone Number: Email Address:

Relationship to Towamencin Township (check all that apply):

☐ Resident ☐ Works in Township Other:

## SECTION 2 — RESPONDENT INFORMATION (person or entity alleged to have discriminated)

Name of Individual / Organization:

Street Address:

City: State: Zip: Phone / Email:

Type of Respondent (check one):

☐ Employer ☐ Landlord / Housing ☐ Business / Public Accommodation Other

## SECTION 3 — NATURE OF DISCRIMINATION

Area of Discrimination (check one):

☐ Employment ☐ Housing / Commercial Property ☐ Public Accommodation

Basis of Alleged Discrimination — check all that apply (per Ordinance 26-3, §■20-4):

- ☐ Race
- ☐ Color
- ☐ Religious Creed / Non-Religion
- ☐ National Origin or Ancestry
- ☐ Sex
- ☐ Pregnancy / Childbirth / Related Medical
- ☐ Sexual Orientation
- ☐ Gender Identity or Expression
- ☐ Marital / Relationship Status
- ☐ Familial Status
- ☐ Veteran / Military Status
- ☐ Natural Hair / Protective Hairstyles
- ☐ Disability (Physical, Mental, Intellectual, Developmental)
- ☐ Use of Guide or Support Animals
- ☐ Age (except where permitted by law)
- ☐ Genetic Information
- ☐ Domestic / Sexual Violence Victim Status
- ☐ Citizenship / Immigration Status
- ☐ Source of Income

☐ Other:

AFTER RECEIPT - WHAT TO EXPECT (§20-8.C): Within 30 days of receipt, the Commission shall, to the extent practicable: (1) notify the respondent and provide a copy of the complaint; (2) inform the complainant of PHRC and federal filing options; (3) offer voluntary mediation; and (4) require a written answer from the respondent within thirty (30) days.

## SECTION 4 — DESCRIPTION OF ALLEGED DISCRIMINATORY ACT(S)

Date of Alleged Act: Location:

Describe what happened. Include dates, times, names of witnesses, and any relevant details:

Describe how you were harmed (e.g., denied employment, refused housing, denied service):

List any supporting documentation you are attaching (e.g., emails, letters, photos, contracts):

If additional space is needed for any response above, please attach a separate sheet of paper and indicate which section it corresponds to.

## SECTION 5 — PRIOR OR CONCURRENT FILINGS (see §20-9 of Ordinance 26-3)

*Note: A complainant may not pursue the same matter simultaneously before the Pennsylvania Human Relations Commission (PHRC), Equal Employment Opportunity Commission (EEOC), or any court. If a matter is filed elsewhere, the Commission may close its file.*

Have you filed this complaint elsewhere? ☐ Yes ☐ No

If yes, where and when:

## SECTION 6 — CERTIFICATION AND SIGNATURE

I hereby certify that the information provided in this complaint is true and correct to the best of my knowledge and belief. I understand that this complaint must be filed within 180 days of the last alleged discriminatory act. I understand that information provided will be treated as confidential to the extent permitted by applicable law. I authorize the Commission to notify the respondent and share a copy of this complaint as part of the intake process.

Complainant Signature: Date:

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**OFFICE USE ONLY**

Date/Time Received: Received By: Complaint No.:

Forwarded to HRC: Intake Member: Case Status:

Notes:

TOWAMENCIN
HUMAN RELATIONS COMMISSION
EDUCATE. | EMPOWER. | CONNECT.