

HAVERFORD TOWNSHIP HUMAN RELATIONS COMMISSION

Haverford Township Administration Building
1014 Darby Road Havertown, Pennsylvania 19083

COMPLAINT

HTHRC No _____

Fill Out Form Below To The Best of Your Abilities:

Complainant Information: (Individual Filing Complaint)

Name: _____ **Pronouns:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Best time to call:** _____

Respondent: (Person/Entity Complaint is Filed Against)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

This Complaint is Related to:

(check all that are applicable)

☐ **Employment** - Employers may not discriminate in terms, conditions, or privileges of employment, including hiring, promotion, and referrals for work, dismissal, and freedom from harassment by other employees. Certain religious-based organizations are exempt from this provision.

☐ **Yes** ☐ **No** **Employer has 4 or more employees**

☐ **Public Accommodation** - Establishments which solicit, accept, or are open to public patronage may not deny anyone full enjoyment of their goods, services or facilities for discriminatory reasons. Such places include restaurants, stores, schools, financial institutions, and government facilities.

☐ **Housing** - Discrimination is prohibited in real estate transactions such as the rental or purchase of residential or commercial property.

The Discrimination Took Place on: _____

Earliest Date

Latest Date

This Complaint is Based on Discrimination Due to:

(check all that are applicable)

☐ Race

☐ Color

☐ Sex

☐ Ancestry

☐ Age

☐ Handicap or Disability

☐ Use of guide or support animals because of blindness, deafness or physical handicap of user or because user is a handler or trainer of support or guide animals.

☐ National Origin

☐ Gender Identity

☐ Gender Expression

☐ Sexual Orientation (actual or perceived)

☐ Religious Creed

The Particulars of this Complaint are as Follows:

If there are additional facts you believe should be considered, record them on additional pages, INITIAL EACH ADDITIONAL PAGE, and attach them to this form. If you have any documents, letters or receipts that back up your complaint, please copy them and attach them to this Complaint.

VERIFICATION

I here by 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 subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsifications to authorities.

Date: _____ Signature of Complainant: _____

**This form may be submitted via email to dburman@havtwp.com, with originals submitted via mail or hand delivery to
HAVERFORD TOWNSHIP HUMAN RELATIONS COMMISSION
Attention: Township Manager
1014 Darby Road
Havertown, PA 19083-2231**