CONFIDENTIAL

HAVERFORD TOWNSHIP HUMAN RELATIONS COMMISSION

TOWNSHIP MANAGER
1014 DARBY ROAD Havertown,
PA 19083-2231

RESPONSE FORM

HTHRC No _____

Complainant **(Individual Filing Complaint)** **Name:** **Address:** **City:** **State:** **Zip:**	**Respondent** **(Individual Responding to Complaint)** **Name:** **Person authorized to file on behalf of Respondent if Respondent is an organization:** **Title:** **Address:** **City:** **State:** **Zip:** **Phone number:**

The Undersigned Respondent or its authorized representative acknowledges receipts of Complaint HTHRC No._____ ("Complaint") and hereby submits the following Response to that Complaint [PLEASE RESPOND SPECIFICALLY TO THE COMPLAINT ALLEGATIONS]:

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 Answer, please copy them and attach them to this Complaint.

If you have a basis for challenging the jurisdiction of the Haverford Township Human Relations Commission to deal with the Complaint, please specify the basis for such challenge here:

VERIFICATION

I hereby verify that the statements contained in this Response 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 Respondent or person authorized to sign on behalf of Respondent if Respondent is an organization

Organization Name:

Title:

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