

CONFIDENTIAL

Haverford Township Human Relations Commission

Human Relations Commission
Haverford Township Administration Building
1014 Darby Road
Havertown, Pennsylvania 19083

COMPLAINT

HTHRC No _____

Complainant: (Individual filing Complaint)	Respondent: (Person/Entity Complaint is filed against)
Name:	Name:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone:	Phone:
Best time to call:	

This Complaint is related to: (check all that are applicable)

Employment

My Employer has 4 or more employees Yes No

Public Accommodation

Housing

The discrimination took place on:

Earliest Date: _____

Latest Date: _____

This Complaint is based on discrimination due to: (check all that are applicable)

- Race Color Religious Creed Ancestry Age Sex
- National Origin 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
- Sexual Orientation (actual or perceived) Gender Identity
- Gender Expression

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 hereby 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

MAIL OR HAND DELIVER IN A SEALED ENVELOPE TO:

HAVERFORD TOWNSHIP HUMAN RELATIONS COMMISSION

Attention: Township Manager

1014 Darby Road

Havertown, PA 19083-2231