

**Susquehanna Township Human Relations Commission
Township Manager
1900 Linglestown Road
Harrisburg, PA 17110
Phone: (717) 545-4751
Fax: (717) 540-4298**

COMPLAINT FORM

The Susquehanna Township Human Relations Commission (STHRC) can investigate complaints of discrimination in employment, housing, and the use of public accommodations based on actual or perceived sexual orientation, based on actual or perceived gender identity or expression, or based on genetic information.

NOTICE

*If you have a complaint of discrimination based on race, color, familial status, religious creed, ancestry, age, sex, national origin, handicap, or disability, use of a guide or support animal and/or mechanical aids, **DO NOT COMPLETE THIS FORM.** Immediately contact the PA Human Relations Commission, (717) 787-4410 or at phrc@pa.gov for assistance with your complaint.*

DIRECTIONS: Please read this form from beginning to end before filling out your answers to individual questions. Answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. There is a COMPLAINT STATEMENT PAGE (3) that you may photocopy if you need additional room to answer the questions. If you are unsure of your answer, please say so. It is your responsibility to notify the STHRC of a change of address or times of unavailability. Failure to notify the STHRC may result in dismissal of the matter.

Complainant: (Individual filing Complaint)	Respondent: (Person/Entity Complaint is filed against)
Name:	Name:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone:	Phone:
Email address:	

This complaint is related to (Check all that apply):

<p>____ EMPLOYMENT*</p> <p>____ Conduct/Discipline</p> <p>____ Demotion</p> <p>____ Discharge</p> <p>____ Failure to Hire</p> <p>____ Forced Resignation</p> <p>____ Harassment</p> <p>____ Layoff</p> <p>____ Non-Promotion</p> <p>____ Transfer</p> <p>____ Performance-Related Discipline</p> <p>____ Retaliation</p> <p>____ Unequal Pay</p> <p>*My employer has 4 or more employees:</p> <p>____ Yes</p> <p>____ No</p>	<p>____ HOUSING</p> <p>____ Housing Discrimination</p>	<p>____ PUBLIC ACCOMMODATIONS</p> <p>____ Education Discrimination</p> <p>____ Other Discrimination</p>
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This complaint is based on discrimination due to the following class(es):

<p>____ sexual orientation</p> <p>(actual or perceived)</p>	<p>____ gender identity</p> <p>(actual or perceived)</p>	<p>____ gender expression</p> <p>(actual or perceived)</p>	<p>____ genetic information</p>
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Discrimination means difference of treatment. The STHRC can only investigate your complaint if you feel you were treated differently and harmed because of the class you checked above.

Use the COMPLAINT STATEMENT PAGE (3) of this form to answer these questions:

- 1. What happened that caused you to conclude you were discriminated against?**
- 2. When did the incident or incidents which you believe were discriminatory occur? (Be as specific as possible as to the time of day and the date)**
- 3. Where did the incident or incidents you believe were discriminatory occur? (Give the specific address, if possible)**
- 4. Who took the action that you believe was discriminatory?**
- 5. Are you able to identify a person or persons who were treated better than you regarding how you were harmed? If yes, explain how they were treated differently.**
- 6. If you cannot identify a person or persons who were treated differently than you, describe an incident, statement, etc., which can be investigated, and which directly relates to how and why you were treated differently than someone else.**
- 7. How were you harmed?**

Photocopy additional COMPLAINT STATEMENT PAGES, complete and initial them as needed, for more space.

If you wish to add documents, letters, receipts, etc., that substantiate your complaint, attach the necessary copies to the end of this form.

YOU MUST SIGN AND DATE THE VERIFICATION STATEMENT ON PAGE 4 TO SUBMIT THIS COMPLAINT FORM.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines running across the width of the page. The lines are thin and consistent in thickness. There are no margins, text, or other markings present on the paper.

YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.

I hereby verify that the statements contained in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature _____

Printed Name _____

Date _____

***Mail, fax, email, or hand deliver to:**

**Susquehanna Township HRC
Attn: Township Manager
gmyers@susquehannatwp.com
1900 Linglestown Road
Harrisburg, PA 17110
Phone: (717) 545-4751
Fax: (717) 540-4298**

ST Human Relations Commission Use Only

STHRC Number _____

Received (Date and Time) _____

Authorized Signature _____