



WEST NORRITON HRC COMPLAINT FORM

1. Complainant(s) Contact Information:

Name:

Filing on behalf of:

Number, Street, Apt.#:

City/State/Zip Code:

Email Address:

Telephone No:

Cell Phone No.:

Date of Birth: _____

Gender Pref: _____ Race: _____ Are you Hispanic? Yes No

2. Respondent(s) Contact Information: (person, landlord, housing provider, company or other entity against whom you are filing this complaint):

Name:

Number, Street, Apt.#:

City/State/Zip Code:

Telephone No:

3. Number of Employees Employed by Respondent (if applicable and if known):

___ Fewer than 4 ___ 4 to 14 ___ 15 to 20 ___ 20+

4. Protected Class(es): (check all reasons you have been discriminated against and specify the class, e.g., race, African American; sex, female):

Race Ancestry Religion Gender LGBTQ+ National Origin

Age Disability Use of Service Animal Retaliation for prior complaint

Other (specify)

5. Dates of Discrimination: Beginning: _____ Ending: _____ Continuing? Yes No

- Based upon the foregoing, I/we allege that the Respondent(s) violated the West Norriton Human Relations Ordinance 2018-719 and/or Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- The West Norriton Human Relations Commission has jurisdiction over this matter pursuant to the West Norriton Human Relations Ordinance 2018-719
- I/we request that the Respondent(s) be required to provide all appropriate remedies under these acts with mediation provided by the West Norriton Human Relations Commission.

VERIFICATION

I hereby verify that the statements above 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.A. §4904, relating to unsworn falsification to authorities.

Signature: _____ Date: _____

Printed

Name:

6. Describe the _____ discriminatory conduct, with _____ specificity, and explain why you feel that you were discriminated against because of your protected class: (Next page left blank for added space.)

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