

## Borough of Carlisle Human Relations Commission

Office of Borough Manager  
Carlisle Borough Building  
53 W. South Street  
Carlisle, PA 17013

### Complaint Form

The Borough of Carlisle Human Relations Commission (Carlisle HRC) receives, processes and mediates complaints of discrimination in employment, housing and commercial property, and public accommodation based on actual or perceived race, color, religious creed, ancestry, sex, national origin, handicap, disability or use of guide or support animals because of blindness, deafness or physical handicap of the user or because the user is a handler or trainer of support or guide animals, or because of an individual's sexual orientation, gender identity or gender expression.

**All complaints must be received must be received by the Borough within 180 days of the occurrence of the last act giving rise to the complaint. A complaint must be filed in person at the office of the Borough Manager or by mailing a complaint to the attention of the Borough Manager or to the attention of the Commissioner designated for intake at the above address.**

1) Information about you (the complainant):

- a) Name: \_\_\_\_\_
- b) Address: \_\_\_\_\_
- c) City: \_\_\_\_\_
- d) State: \_\_\_\_\_
- e) Zip Code: \_\_\_\_\_
- f) Phone Numbers:
  - i) Home: \_\_\_\_\_
  - ii) Cell: \_\_\_\_\_
  - iii) Work: \_\_\_\_\_
- g) Email address: \_\_\_\_\_

2) Information about the person, persons, employer, business, landlord, organization or other entity that you believe discriminated against you (the respondent(s)):

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) City: \_\_\_\_\_

d) State: \_\_\_\_\_

e) Zip Code: \_\_\_\_\_

f) Phone number(s):

i) Home: \_\_\_\_\_

ii) Cell: \_\_\_\_\_

iii) Work: \_\_\_\_\_

g) Email address: \_\_\_\_\_

3) This complaint is related to (check all that apply):

a) Employment: \_\_\_\_\_

b) Housing: \_\_\_\_\_

c) Publicly-Offered Commercial Property Transaction: \_\_\_\_\_

d) Public Accommodations: \_\_\_\_\_

4) The discrimination took place on:

a) Earliest Date: \_\_\_\_\_

b) Latest Date: \_\_\_\_\_

5) This Complaint is based on discrimination due to actual or perceived (check all that apply):

a) Race \_\_\_\_\_

b) Color \_\_\_\_\_

c) Religious Creed \_\_\_\_\_

d) Ancestry \_\_\_\_\_

e) Sex \_\_\_\_\_

f) National Origin \_\_\_\_\_

g) Handicap or Disability \_\_\_\_\_

h) Use of guide or support animals and/or mechanical aides because of blindness, deafness, or physical handicap of the user or, because the user is a handler or trainer of support or guide animals \_\_\_\_\_

i) Sexual Orientation \_\_\_\_\_

j) Gender Identity \_\_\_\_\_

k) Gender Expression \_\_\_\_\_

6) Discrimination means difference of treatment as related to employment (the opportunity for an individual to obtain employment for which she or he is qualified), public accommodation (the opportunity for an individual to access food, beverages, lodging, resort or amusement which is open to the general public), publicly offered commercial property or housing accommodation (the opportunity for an individual to obtain commercial property or housing accommodation for which he or she is qualified). Please explain what happened to you and why you were treated in a discriminatory manner:

a) What happened that caused you to conclude you were discriminated against?

b) Where did the incident or incidents you believe were discriminatory occur?

c) Who took the action that you believe was discriminatory?

d) How were you harmed?

e) Were there any witnesses to what happened to you?

- f) Did you report the alleged discrimination to the person or entity you believe discriminated against you? If so, to whom did you report it, when did you report it, and how did the person or entity respond to your report?

Include any additional details of the incident in the space below. Use additional pages if necessary, and attach them to this form. Please NUMBER AND INITIAL EACH ADDITIONAL PAGE. If you have any documents, letters, or receipts to support your complaint, please copy them and attach them to this Complaint.

7) Have you filed a complaint about this matter with any other commission or agency, or with a court?

a) Yes \_\_\_\_\_

i) If yes, please indicate:

(1) Name of Agency, Commission or Court: \_\_\_\_\_

(2) Date filed: \_\_\_\_\_

(3) Docket (if applicable): \_\_\_\_\_

b) No \_\_\_\_\_

**YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.**

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 in this Complaint are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.] NOTE: should we include this sentence?

Signature of Complainant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail or hand-deliver to Borough of Carlisle Human Relations Commission at above address to the attention of the Borough Manager or Intake Commissioner.**