Lancaster City Human Relations Commission Complaint Form



Date Received			
	Complainant Information (Who is	s making the complaint?)	
Name of Complainant			
	Last F	First	М.І.
Address			
	Street Address		Suite or Apt. #
	City 5	State	ZIP
Telephone			
	Home C	Cell	
	Respondent Information (Who are you	u accusing of discrimination?)	
Name of Respondent			
Address			
	Street Address		Suite or Apt. #
	City 5	State	ZIP
Talaahaaa			
Telephone			
Alleged discriminat			
Race			
Color			arassment)
Religion		National Origin	4 7 9
Ancestry	Disability or Handicap	Pregnancy	Age
A			
Area of complaint: Education	Employment (No hire or termin	notion) Housing	
Lending/Ban	Employment (No hire or termin king Public Accommodation	nation) Housing	
Name of			
Alleged Offender	Last F	First	M.I.
Business or		1131	<i>IVI.1.</i>
Organization			
When did the alleged discrimination occur?			
Where did the alleged discrimination occur?			
Any witnesses?	Yes No		
Names of Witnesses			

Please describe, in your own words, why or how you feel you are a victim of discrimination	on.
Please provide specific names, dates and address:	



NOTICE AND VERIFICATION

Notice: This complaint has been prepared for filing with, consideration by, and resolution by the Human Relations Commission of the City of Lancaster. All parties are advised of the possibility that the matters contained herein could become public knowledge at any time. Although it is not the practice of the Human Relations Commission to seek publicity concerning complaints, the Sunshine Law of Pennsylvania (65 P.S. §§ 261 et seq.) requires that all actions of a public agency be public.

Verification: I, ______, being duly sworn (or affirmed) depose and say the fact set forth in the foregoing complaint are known to me personally, and that they are true and correct. I have read the foregoing and verify the statements are based on my personal knowledge. I understand that false statements made herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.