

Lancaster City Human Relations Commission Complaint Form



Date Received _____

Complainant Information (Who is making the complaint?)

Name of Complainant _____

Last

First

M.I.

Address _____

Street Address

Suite or Apt. #

City

State

ZIP

Telephone/Email _____

Home

Cell

Email

Respondent Information (Who are you accusing of discrimination?)

Name of Respondent _____

Address _____

Street Address

Suite or Apt. #

City

State

ZIP

Telephone/ Email _____

Alleged discrimination is based on:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Guide Dog or Support Animal | <input type="checkbox"/> Familial and Marital Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation or Gender Identity | <input type="checkbox"/> Gender (Includes Sexual Harassment) |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Possession of a GED | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Disability or Handicap | <input type="checkbox"/> Pregnancy |
| | | <input type="checkbox"/> Age |

Area of complaint:

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment (No hire or termination) | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Lending/Banking | <input type="checkbox"/> Public Accommodation | |

Name of Alleged Offender _____

Last

First

M.I.

Business or Organization _____

When did the alleged discrimination occur? _____

Where did the alleged discrimination occur? _____

Any witnesses? Yes No

Names of Witnesses _____

