

## Human Relations Commission COMPLAINT FORM

### Complainant Information:

Name:

Address:

City/State/Zip:

Phone:

Email:

### Alleged Person/Entity Committing Act:

Name:

Address:

City/State/Zip:

Phone:

Email:

### The Complaint is Related to: (check all that are applicable):

Employment

*My Employer has 4 or more employees:* Yes  No

Public Accommodation

Housing

### Date discrimination took place:

Earliest Date:

Latest Date:

### Complaint is Based Upon Discrimination Due to:

Race  Color  Religious Creed  Ancestry  Age

Sex  National Origin  Disability/Handicap

Use of guide or support animals because of blindness, deafness or physical disability/handicap of user or because user is a handler or trainer of a support or guide animal.

Sexual Orientation (actual or perceived)  Gender Identity

Gender Expression

### Has a complaint been filed with Pennsylvania HRC or another government agency?:

Yes  No

If yes, please indicate where:

Please Describe the Details of the Complaint:

If there are any additional facts you believe should be considered, please record them on additional pages and attached them to this form. If you have any documents, letters or receipts that support your complaint, please attach them to this Complaint.

## VERIFICATION

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 herein are subject to the penalties of 18 Pa.C.S. Sec. 4904 relating to unsworn falsification to authorities.

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

\_\_\_\_\_  
Date

### Mail or hand deliver to:

Middletown Township Human Relations Commission  
Attention: Township Manager  
3 Municipal Way  
Langhorne, PA 19047

### Electronic submissions may be sent to:

[hrc@middletownbucks.org](mailto:hrc@middletownbucks.org)