



## **Solebury Township Human Relations Commission Complaint Submission Form Instructions**

**Solebury Township Human Relations Commission can investigate complaints of discriminatory action involving employment, housing, public accommodations, and post-secondary education by any persons or organizations on the basis of race, color, gender, religion, national origin, sexual orientation, gender identity and expression, familial status, age, veteran status, mental or physical disability, pregnancy, use of guide or support animals and/or mechanical aids because of blindness, deafness, or other disabilities or any other basis prohibited by the Pennsylvania Human Relations Act.**

**You may also have rights and remedies for the alleged unlawful practices under state and federal law. These claims may include claims before the Equal Employment Opportunity Commission, the Pennsylvania Human Relations Commission, and/or in federal or state court. Depending on the nature of your claim, each such claim must be made within a certain amount of time in each forum. Failure to bring the claim in the required time may result in dismissal of your claim. You are advised to consult with a lawyer to determine whether you have any other claims and where and when such claims should be made.**

### **Instructions for Completing this form.**

- 1. You must file this form within 180 days of the alleged act(s) of discrimination.**
- 2. You may file your complaint with the Solebury Township Human relations commission and/or the Pennsylvania State Human Relations Commission.**
- 3. The Solebury Township Human Relations Commission reserves the right to refer any case to the State Human Relations Commission if it is deemed to be outside the jurisdiction of the Solebury Human Relations Commission**
- 4. Complete the attached form, by hand or PDF fillable, and place in a SEALED envelope. Please ensure the envelope is completely closed and glued with your signature affixed over the envelop seal. The sealed envelope containing the complaint can then be filed in person or by mail at the Solebury Township Manager's office.**
- 5. The Township Manager will notify the Solebury Township Human Relations Commission Chair or Vice-Chair within 10 days of receipt of complaint.**

6. Then within 30 days of its receipt of a complaint, the Solebury Township Human Relations Commission shall determine if it has jurisdiction hereunder to hear the complaint.

**If jurisdiction is not determined:** The Solebury Township Human Relations Commission shall dismiss the complaint and notify the parties.

**If jurisdiction is determined:** The Solebury Township Human Relations shall proceed as follows:

- 1) Send a copy of the complaint to the named respondent [the person/organization you are filing the complaint against]
  - 2) Send a notice to the complainant [the person filing the complaint] informing him/her that the complaint has been received.
7. The respondent shall file with the Township Manager a written verified answer to the complaint within 30 days of receipt of the complaint from the Township. Upon receipt of the respondents answer to the complaint, the Solebury Township Human Relations commission shall promptly forward this response to the complainant.
  8. Within 15 days of receipt of response, the Solebury Township Human Relations Commission will invite both parties to voluntarily participate in the mediation of their dispute. The parties shall respond to the invitation to mediate within 15 days of being invited. If necessary, further steps in the resolution process will be enacted. Please see Solebury Township Human Relations Code [attached] for full details.
  9. To avoid rewriting your answers, please read the complaint form from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information, and belief. There is a Continuation Page at the end if you need additional room to answer the questions. If you are unsure of your answer, please say so.
  10. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.
  11. If you have an attorney representing you on this matter, please have your attorney send us a letter that confirms this. (NOTE: you do not need an attorney to file a complaint.)



## Solebury Township Human Relations Commission Complaint Submission Form

### 1. Information about you:

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #'s      Home: \_\_\_\_\_      Work: \_\_\_\_\_

Cell: \_\_\_\_\_

May we call you at work?      YES      NO

Date of Birth:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Information about the Person or Organization your Complaint is Against:

Company or Organization: \_\_\_\_\_

Individual Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### 3. Information about the event(s) that form the basis of this complaint

Discrimination means any practice that would deny an individual rights or opportunities available to other members of society, inspired solely by the fact that the individual is, or is perceived to be, a member of a protected group.

**Please explain what happened to you and why you believe you were treated differently. Please provide a description of the event(s) that cause you to believe you have been discriminated against. (Use additional paper if necessary). Please give specific dates.**

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**4. If you believe you were treated this way because of one or more reasons listed below, please check those reasons.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sex             | <input type="checkbox"/> National Origin | <input type="checkbox"/> Genetic Information        |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Veteran Status             |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Gender Identity/Expression |
| <input type="checkbox"/> Education level | <input type="checkbox"/> Ancestry        | <input type="checkbox"/> Sexual Orientation         |
| <input type="checkbox"/> Race            | <input type="checkbox"/> Religion        | <input type="checkbox"/> Retaliation                |
- ☐ Use of guide or support animal. Identify animal type: \_\_\_\_\_
- ☐ Use of mechanical aids to assist with a disability.
- ☐ Physical or mental disability. Please identify your disability: \_\_\_\_\_
- ☐ Other (Please Describe): \_\_\_\_\_

**5. Was the individual or organization you believe discriminated against you aware of your status as identified above? If so, how did they become aware of it? In the alternative, did the individual or organization assume you to have a status identified above even if you are not of that status?**

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**6. Describe how you were harmed, and when. Check all that apply. Write the date(s) you were harmed beside the discriminatory event or action:**

- ☐ Discharge \_\_\_\_\_ ☐ Lay-Off \_\_\_\_\_ ☐ Failure to Recall \_\_\_\_\_
- ☐ Forced Transfer \_\_\_\_\_ ☐ Denied Transfer \_\_\_\_\_ ☐ Demotion \_\_\_\_\_
- ☐ Forced Leave \_\_\_\_\_ ☐ Leave Denied \_\_\_\_\_ ☐ Unequal Wages \_\_\_\_\_
- ☐ Unequal Benefits \_\_\_\_\_ ☐ Failure to Hire \_\_\_\_\_ ☐ Failure to Promote \_\_\_\_\_
- ☐ Discipline (Suspension, Warning, etc.) \_\_\_\_\_ ☐ Harassment \_\_\_\_\_
- ☐ Forced to Quit \_\_\_\_\_ ☐ Denied service at the establishment/business \_\_\_\_\_
- ☐ Prevented from accessing the establishment/business \_\_\_\_\_

Not accommodated because of your: ☐ Disability \_\_\_\_\_ ☐ Religion \_\_\_\_\_

OTHER, please be specific:

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**7. What has happened to you as a result of the events you identified above?**

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**8. Because of the action/discrimination against you, did you suffer any monetary loss or lose benefits? Please include full details.**

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**9. What remedy are you seeking?**

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**10. Were there any witnesses to what happened to you? ☐ Yes ☐ No**

**What will the witness be able to tell the Commission:**

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**11. Have you filed a complaint about this matter with any other commission or agency? ☐ Yes ☐ No**  
**If so, please indicate below:**

Name of Agency or Commission: \_\_\_\_\_

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

Docket #: \_\_\_\_\_

**12. Have you taken any court action regarding this matter? ☐ Yes ☐ No**  
**If so, please indicate below:**

Name of Court: \_\_\_\_\_

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

City/County/State: \_\_\_\_\_

**I understand this information will be used by the Solebury Township Human Relations commission to determine the merit of this complaint. I understand that additional information may be requested.**

**I understand that I may also have the right to file a complaint with the Federal Equal Employment Opportunity Commission or the State Human Relations Commission.**

**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 made subject to the penalties of 18 P.A.C.S 4904, relating to unsworn falsification to authorities.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**