

## ALLEGHENY COUNTY HUMAN RELATIONS COMMISSION



102 County Office Building  
542 Forbes Avenue  
Pittsburgh, Pennsylvania 15219

### COMPLAINT

ACHRC No: \_\_\_\_\_

#### Complainant:

(Individual filing Complaint)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

#### Respondent:

(Person/entity Complaint is filed against)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

This complaint is related to: (check all that are applicable)

- Employment
- Public Accommodation/Service
- Housing

The discrimination took place on:

- Earliest Date \_\_\_\_\_
- Latest Date \_\_\_\_\_

This Complaint is based on discrimination due to: (check all that are applicable)

- Age  Ancestry  Color  Family Status  Handicap/Disability
- National Origin  Race  Religion  Retaliation  Sex/Gender
- Sexual Orientation  Other (specify) \_\_\_\_\_

The particulars of the Complaint are as follows:

1.

2.

3.

4.

5.

If there are additional facts you believe should be considered, record them on additional pages and attach them to this form.

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**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 Pa.C.S. §4904, relating to unsworn falsification to authorities.**

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Date

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Signature of Complainant