



# County of Allegheny

HUMAN RELATIONS COMMISSION  
920 CITY-COUNTY BUILDING  
414 GRANT STREET  
PITTSBURGH, PENNSYLVANIA 15219  
PHONE (412) 350-6830 ♦ FAX (412) 350-5230

COMPLAINANT INFORMATION	RESPONDENT INFORMATION
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Name: \_\_\_\_\_

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

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

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

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

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

Assigned Sex at Birth:

\_\_\_\_\_

Race:  
\_\_\_\_\_

Current Gender  
Identity:

\_\_\_\_\_

Type of business: \_\_\_\_\_

Disability:

YES  NO

Approximate # of employees: \_\_\_\_\_

Please describe:

Owner or CEO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For age discrimination complaints ONLY**

Date of birth: \_\_\_\_\_

**OTHER AGENCIES**

Has the Complainant filed with the PHRC?

┘ YES

┘ NO

Has the Complainant filed with the PghCHR?

┘ YES

┘ NO

With other agencies? Be specific \_\_\_\_\_

**SETTLEMENT INFORMATION**

What relief is the Complainant seeking (it must be related this issue)?

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What is the minimum that the Complainant is willing to accept (it must be related to this issue)?

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**GENERAL INTAKE QUESTIONS**

**(Public Accommodations)**

*(Applicable questions are to be answered by the Complainant to the best of his/her ability and recorded below. Complainant may use additional paper if needed.)*

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently.

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2. What accommodations were you seeking with the Respondent organization identified on the complaint form?

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3. Provide your reasons of your belief that the action taken against you or the treatment you received

was discrimination on the bases you stated earlier.

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4. What reason was given to you for the action taken against you or for the treatment you received that you are complaining about?

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5. Are the reasons for the action taken against you by the organization accurate?

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6. Describe the organization's policy or usual practice(s) that govern the actions being complained about.

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7. Has anyone else been treated the **same** as you were under similar circumstances? Please list them and identify by protected class. What happened to him or her?

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8. Have other people been treated **differently** or **more favorably** under similar circumstances. Please list them and identify their protected class. What happened to him or her?

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9. Exactly what harm occurred?

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10. What date did the harm happen? Is the harm continuing?

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11. Who do you believe is responsible for the harm? Why? Bases?

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12. Do you have documentation of the alleged harm?

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13. How did the Respondent know your bases (race, sex, age, religion, disability, etc.)?

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## DIRECT EVIDENCE

1. Did any agent of the Respondent say or do things to indicate a bias against you or members of your protected class?

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2. What was said or done? When? Any witnesses? \_\_\_\_\_

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3. Did you report these statements or actions? Who? When?

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4. What was done?

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## ADDITIONAL QUESTIONS

1. Is there anything else you wish to add?

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2. Has there been any retaliation for opposing discriminatory practices?

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3. Do you have any documents you wish to submit?

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**WITNESS INFORMATION**

*(Complainant should fill out a separate form for each witness.)*

For each witness please provide the following information:

- 1. Name / Title / Relationship to you /Contact information

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- 2. What was the individual a witness to?

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- 3. Was this person in a position to personally observe what occurred?

**YES**                                       **NO**                                       **DON'T KNOW**

- 4. Would this person be able to provide the Commission with a statement?

**YES**                                       **NO**                                       **DON'T KNOW**

- 5. Is this witness a current employee/agent/tenant of the organization against which the charge is file?

**YES**                                       **NO**