



The Borough of Doylestown

Human Relations Commission

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Kelli J. Scarlett
Human Relations Officer

Inquiry Form

Doylestown Borough Human Relations Commission can investigate complaints of discriminatory conduct occurring within the Borough of Doylestown, involving employment, housing, public accommodations and post-secondary education by any person, organization or entity, 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, breastfeeding, 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 discriminatory conduct 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. If you do not bring your claim to the proper forum within the specified time, your claim may be dismissed. You are advised to consult with an attorney to determine whether you have any other such claims as well as where and when such claims should be made.

If there are additional facts or documents that you believe will help us to understand what happened to you please use additional paper and attach them to this form.

1. Information about you:

Name: _____

Address: _____

City/State/Zip: _____

Phone #'s Home: _____ Work: _____

Cell: _____ Email: _____

Date of Birth: Month _____ Day _____ Year _____

2. Information about the person, persons, business, organization or entity you believe discriminated against you:

Company or Organization Name: _____

Individual Name and Title _____

Address: _____

City/State/Zip: _____

Phone: _____

3. 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.

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"/> Race | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Breastfeeding |
- Use of guide or support animal. Identify animal type:
 Use of mechanical aids to assist with a disability. Please identify aids:
 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?

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

7. What remedy are you seeking?

8. Have you filed a complaint about this matter with any other commission or agency?

Yes No If yes, please indicate below:

Name of Agency or Commission: _____

Date Filed: _____

Docket #: _____

9. Were there any witnesses to what happened to you? Yes No
If yes, what will the witnesses be able to tell us:

I understand this information will be used by the Borough of Doylestown and its employees in order for them to assist me in filing a complaint with the Borough Of Doylestown Human Relations Commission. I understand that this is not a complaint and that I will need to provide additional information on the complaint.

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