



West Vincent Township

Human Relations Commission

CONFIDENTIAL

COMPLAINT

HRC No:

Complainant (Individual filing Complaint)	Respondent (Person/Entity Complaint is filed against)
Name:	Name:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone:	Phone:
Best time to call:	

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

- Employment
- Public Accommodation
- Housing

The discrimination took place on:

Earliest Date:

Latest Date:

Please state the location where the discrimination occurred:

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

Race

Religion

Color

Ancestry

Age

National Origin

Sex

Disability

Sexual Orientation (actual or perceived)

Gender Identity / Gender Expression

Marital Status

Family status

The particulars of this Complaint are as follows:

Please state the discriminatory acts:

Please state how you would like to the discriminatory conduct to be resolved:

If there are additional facts you believe should be considered, record them on additional pages, INITIAL EACH ADDITIONAL PAGE, and attach them to this form. If you have any documents, letters or receipts that back up your complaint, please copy them and attach them to this Complaint.

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. § 4904 relating to unsworn falsifications to authorities.

Date:

Signature of Complainant

MAIL OR HAND DELIVER THIS FORM TO:

WEST VINCENT TOWNSHIP HUMAN RELATIONS COMMISSION

Attention: Township Manager

729 St. Matthews Road

Chester Springs, PA 19425