

COMPLAINTANT (individual filing complaint)	
Name:	
Address:	
City, State, Zip:	Email:
Best time to call:	Phone:

RESPONDENT (person/entity complaint is filed against)	
Name:	
Address:	
City, State, Zip:	Email:
Best time to call:	Phone:

COMPLAINT INFORMATION		
Complaint related to: Employment Public accommodation Housing		
Date of incident: Earliest Date - Latest Date -		
Site where incident occurred:		
Complaint is based on (check all that apply):		
□ Religion □ Age □ Color □ Race □ Traits associated with race □ National origin □ Ancestry		
□ Disability □ Mental/physical disability □ Use of guide/support animals &/or mechanical aids		
□ Sex □ Actual/perceived sexual orientation □ Gender identity/expression □ GED		
🗆 Marital Status 🛛 Familial Status 🗆 Veteran Status		
Particulars of complaint:		
Please state the discriminatory act(s):		
Please state how you would like this incident to be resolved:		



COMPLAINTANT CERTIFICATION

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.

CERTIFICATION:

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.

Complainant's Signature:

Date:

MAIL OR HAND DELIVER THIS FORM TO:

West Vincent Township Human Relations Commission Attention: Township Manager 729 St. Matthews Road Chester Springs, PA 19425