

State College Borough

**ANTI-DISCRIMINATION IN EMPLOYMENT
COMPLAINT FORM**

For Violations of Ordinance #1967

Date: _____
Docket No.: _____

Please answer every applicable question as fully as possible, and to the best of your present knowledge, information, and belief. If you are unsure of your answer, please say so. Please notify the State College Human Relations Commission of a change of address or times of unavailability. Failure to notify the Commission may delay the processing of your complaint.

Complainant Biographical Information

YOUR NAME

MAILING ADDRESS

CITY STATE ZIP CODE

PHONE (HOME) PHONE (WORK)

PHONE (CELL)

May we call you at work? YES NO

EMAIL ADDRESS

DATE OF BIRTH

Caution: Failure to correctly name the legal entity about whom you are complaining will hinder the processing of your complaint.

Respondent Information

BUSINESS NAME

SUPERVISOR/MANAGER NAME

ADDRESS

TYPE OF BUSINESS

PHONE

Number of employees who work at the organization named above:

- Less than 4 15 to 100 201 to 500 unknown
 4 to 14 101 to 200 501 plus

Incident Location

Did the alleged discriminatory act involve an employer located in State College Borough?

- YES NO

Where did the incident occur? (Be as specific as possible)

Incident Information

If you believe your employer treated you differently because of one or more of the reasons listed below, please check those reasons. If you believe the organization treated you differently for any other reason which is not listed, explain what you believe to be the reason.

- | | | |
|--|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Gender Identity or Expression |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Family Responsibility |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability or Handicap | |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Use of Service Animals and/or Mechanical Aids | |

Other (Explain)

Discrimination means difference of treatment. Please explain what happened to you and why you feel you were treated differently in relation to the reason(s) above. Please provide specific dates.

Complaint History

Have you filed a complaint with any other agency?

YES NO

If yes, with:

Pennsylvania Human Relations Commission

U.S. Equal Employment Opportunity Commission (EEOC)

Other

If yes, what is the status of your claim?

If you file a claim with another agency, please notify the State College Human Relations Commission.

If there are other facts you feel should be considered, record this information on the last page of the questionnaire. (Continuation Page)

Number of Continuation Pages

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. Section 4904, relating to unsworn falsification to authorities.

Signature

Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC

CONTINUATION PAGE

For use if additional pages are required to answer any question(s). Please sign and date each page used.

[Empty rectangular box for providing answers to questions]

Signature

Date

CONTINUATION PAGE

For use if additional pages are required to answer any question(s). Please sign and date each page used.

[Empty rectangular box for providing answers or additional information.]

Signature

[Signature line]

Date

[Date line]