

Occupation: _____ Employer: _____

Is the Complainant the same person as the contact person? Yes: _____ No: _____

If no, provide their name and contact information: _____

PLEASE DESCRIBE THE TYPE OF DISCRIMINATION YOU ARE REPORTING: _____

INFORMATION ABOUT PERSON RELATED TO YOUR COMPLAINT:

Name: _____ Title: _____

Address: Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone #s: Cell: _____ Land Line: _____

E-mail Address: _____

INFORMATION ABOUT ORGANIZATION RELATED TO YOUR COMPLAINT:

Company or Organization name: _____

Address: Street: _____ Apt/Office # : _____

City: _____ State: _____ Zip: _____

Phone #s: _____

E-mail Address: _____

OTHER INFORMATION REGARDING COMPLAINT ABOUT PERSON OR ORGANIZATION:

Are there any videos, pictures, or documents supporting the complaint? Yes: ____ No: ____

Are there any witnesses that we could contact? Yes: ____ No: ____

Please provide name(s) and contact information:

I understand that the information provided here will be used by Newtown Borough HRC members and that completion of this Complaint will start an investigation of the incident described and the people or institutions named. I understand that a copy of Newtown Borough Code, Chapter 95, which creates and gives authority to the Human Relations Commission is available on the Newtown Borough Government Web Site or at the Borough Council Chambers located at 23 N State St., Newtown, PA 18940-2214. I understand that complaints of discrimination must be filed within 180 days of the alleged act of discrimination and that dependent upon the alleged unlawful practice, the Equal Employment Opportunity Commission, Pennsylvania Human Relations Commission, and/or Federal or State Court are entities that also can pursue complaints of discrimination.

I 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 are subject to the penalties for unsworn falsification to authorities under 18 Pa. C.S.A. §4904.

Signature

Date