

COMPLAINT

UMTHRC No: _____

Complainant:
(Individual filing Complaint)

Name_____

Address_____

Phone_____

Respondent:
(Person/entity Complaint is filed against)

Name_____

Address_____

Phone_____

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

- Employment
- Public Accommodation/Service
- Housing

The discrimination took place on:

- Earliest Date_____
- Latest Date_____

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

- Age
- Ancestry
- Color
- Family Status
- Handicap/Disability
- National Origin
- Race
- Religion
- Retaliation
- Sex/Gender
- Sexual Orientation
- Other (specify)_____

The particulars of the Complaint are as follows:

1.

2.

3.

4.

5.

If there are additional facts you believe should be considered, record them on additional pages and attach them to this form.

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.§4904, relating to unsworn falsification to authorities.

Date

Signature of Complainant