

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