

COMPLAINANT INFORMATION**RESPONDENT INFORMATION**

Name: _____ **Name:** _____

Phone: _____ **Phone:** _____

Address: _____ **Address:** _____

Assigned Sex at Birth:

Race:

**Current Gender
Identity:**

Type of business: _____

Disability:

☐ YES ☐ NO

Approximate # of employees: _____

Owner or CEO:

Please describe:

For age discrimination complaints ONLY

Date of birth: _____

OTHER AGENCIES

Has the Complainant filed with the PAHRC?

☐ YES

☐ NO

Has the Complainant filed with the Montgomery CCP?

☐ YES

☐ NO

With other agencies? Be specific _____

SETTLEMENT INFORMATION

What relief is the Complainant seeking (it must be related this issue)?

What is the minimum that the Complainant is willing to accept (it must be related to this issue)?

GENERAL INTAKE QUESTIONS

(Public Accommodations)

(Applicable questions are to be answered by the Complainant to the best of his/her ability and recorded below. Complainant may use additional paper if needed.)

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently.
2. What accommodations were you seeking with the Respondent organization identified on the complaint form?
3. Provide your reasons of your belief that the action taken against you or the treatment you received

was discrimination on the bases you stated earlier.

4. What reason was given to you for the action taken against you or for the treatment you received that you are complaining about?

5. Are the reasons for the action taken against you by the organization accurate?

6. Describe the organization's policy or usual practice(s) that govern the actions being complained about.
7. Has anyone else been treated the **same** as you were under similar circumstances? Please list them and identify by protected class. What happened to him or her?
8. Have other people been treated **differently** or **more favorably** under similar circumstances. Please list them and identify their protected class. What happened to him or her?

9. Exactly what harm occurred?

10. What date did the harm happen? Is the harm continuing?

11. Who do you believe is responsible for the harm? Why? Bases?

12. Do you have documentation of the alleged harm?

13. How did the Respondent know your **bases** (race, sex , age, religion, disability, etc.)?

DIRECT EVIDENCE

1. Did any agent of the Respondent say or do things to indicate a bias against you or members of your protected class?

2. What was said or done? When? Any witnesses? _____

3. Did you report these statements or actions? Who? When?

- #### 4. What was done?

WITNESS INFORMATION

(Complainant should fill out a separate form for each witness.)

For each witness please provide the following information:

1. Name / Title / Relationship to you /Contact information
2. What was the individual a witness to?
3. Was this person in a position to personally observe what occurred?

☐ **YES**☐ **NO**☐ **DON'T KNOW**
4. Would this person be able to provide the Commission with a statement?

☐ **YES**☐ **NO**☐ **DON'T KNOW**
5. Is this witness a current employee/agent/tenant of the organization against which the charge is file?

☐ **YES**☐ **NO**