

CONFIDENTIAL

LOWER MAKEFIELD TOWNSHIP HUMAN RELATIONS COMMISSION

1100 Edgewood Road

Yardley, PA 19067

Email: admin@lmt.org

Phone: (267) 274-1100, ext. 1124 (Kellie)

Inquiry Form

Lower Makefield Township HRC can investigate complaints of discriminatory action involving employment, housing, public accommodations and post-secondary education by any person or organization, on the basis of their actual or perceived race, color, sex, religion, ancestry, genetic information, national origin, sexual orientation, gender identity or expression, familial status, marital status, age, veteran status, mental or physical disability, use of guide or support animals and/or mechanical aids, and retaliation. Complaints may be filed in person at the Township Manager's office or by mailing such complaints to the Township Manager's office or to the Chairperson of the Human Relations Commission. All complaints must be received by the Township Manager's office or by the Human Relations Commission within 180 days of the alleged act of discrimination to be considered timely.

You may also have rights and remedies for the alleged unlawful practices under state and federal law. These claims may include claims before the United States Equal Employment Opportunity Commission, the Pennsylvania Human Relations Commission, and/or in federal or state court. Depending on the nature of your claim, each such claim must be made within a certain amount of time in each forum. If you do not bring your claim to the proper forum in the required time, your claim may be dismissed. You are advised to consult with an attorney to determine whether you have any other claims and where and when such claims should be made.

If there are additional facts or documents that you believe will help us to understand what happened to you, please use additional paper and attach them to this form.

THIS INQUIRY FORM IS NOT A COMPLAINT BUT IS FOR INFORMATIONAL PURPOSES ONLY. IF YOU CHOOSE TO FILE A COMPLAINT WITH THE LOWER MAKEFIELD HRC, YOU MUST COMPLETE AND FILE A COMPLAINT FORM WITHIN THE APPLICABLE DEADLINE.

All Questions on this Form are Voluntary. Answer as much as you are comfortable doing. This form is not mandatory.

1. Information about you:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____ Email: _____

Date of Birth: Month: _____ Day: _____ Year: _____

What is the best time and method for us to reach you? _____

2. Information about the person or organization you believe discriminated against you:

Company or Organization Name: _____

Individual Name and Title: _____

Address: _____

City/State/Zip: _____

Phone: _____

3. Discrimination means any practice that would deny an individual rights or opportunities available to other members of society, inspired solely by the fact that the individual is, or is perceived to be, a member of a protected group. Please explain what happened to you and why you believe you were treated differently. Please provide a description of the event(s) that cause you to believe you have been discriminated against. (Use additional paper if necessary) Please give specific dates.

4. If you believe you were treated this way because of one or more reasons listed below, please check those reasons.

- | | | |
|---|--|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Color | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Gender Identity or Expression |
| <input type="checkbox"/> Race | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation | |
| <input type="checkbox"/> Use of guide or support animal. Identify animal type: _____ | | |
| <input type="checkbox"/> Use of mechanical aids to assist with disability | | |
| <input type="checkbox"/> Physical or mental disability. Please identify the disability: _____ | | |
| <input type="checkbox"/> Other (please describe) _____ | | |

5. Was the individual or organization you believe discriminated against you aware of your status as identified above? If so, how did they become aware of it? In the alternative, did the individual or organization assume you to have a status identified above even if you are not of that status?

6. What has happened to you as a result of the events you identified above?

7. What remedy are you seeking?

8. Have you filed a complaint about this matter with any other commission or agency?

☐ Yes ☐ No If yes, please indicate below:

Name of Agency or Commission: _____

Date Charge/Complaint filed: _____

Docket or Charge # _____

9. Were there any witnesses to what happened to you?

☐ Yes ☐ No If yes, what will the witnesses be able to tell us:

I understand this information will be used by the Lower Makefield Township Human Relations Commission in order for it to assist me in filing a complaint. I understand that this is not a complaint and that I will need to provide additional information if I choose to file a complaint.

I understand that I may also have the right to file a complaint with the U.S. Equal Employment Opportunity Commission and/or the PA Human Relations Commission.

Signature

Date