

CONFIDENTIAL

LOWER MAKEFIELD TOWNSHIP HUMAN RELATIONS COMMISSION

1100 Edgewood Road

Yardley, PA 19067

Email: admin@lmt.org

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

COMPLAINT

Complainant: (Individual filing Complaint)	Respondent: (Person/Entity Complaint is filed against)
Name:	Name:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone:	Phone:
Email:	
Best time to call:	

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

- ☐ **Employment**
- ☐ **Public Accommodation**
- ☐ **Housing**

The discrimination took place on:

When did the discrimination start?

- ☐ **Please check this box if the discrimination is ongoing.**

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

- | | | |
|---|--|--|
| <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) _____ | | |

The particulars of this Complaint are as follows:

If there is additional information you believe should be considered, please share it on additional pages, INITIAL EACH ADDITIONAL PAGE, and attach them to this form. If you have any documents, letters or receipts that support your complaint, please copy them and attach them to this Complaint.

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 subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsifications to authorities.

Date: _____

Signature of Complainant

MAIL OR HAND DELIVER IN SEALED ENVELOPE TO:

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1100 Edgewood Road
Yardley, PA 19067