



Borough of Conshohocken Human Relations Commission Complaint Form

Complaint Instructions:

1. You must file this form within 180 days after the alleged last act of discrimination.
2. You may file your complaint with the PA State Human Relations Commission or with the Conshohocken Human Relations Commission; however, filing with the Conshohocken Human Relations Commission may jeopardize your eligibility to later file with the State. If filed locally, the decision of the Conshohocken Human Relations Commission will be final.
3. The Conshohocken Human Relations Commission reserves the right to refer any case to the State Human Relations Commission before officially docketing the case in Conshohocken.
4. Complaints may be filed in person at the office of the Borough Manager, or by mailing to the Borough offices, to the attention of the Borough Manager

or the Executive Assistant to the Borough Manager. The address for the Borough offices for filing in person or by mail is:

Conshohocken Borough Administrative Offices
400 Fayette Street, Suite 200
Conshohocken, PA 19428

5. The Borough Manager will notify the Conshohocken Human Relations Commission Chair within 10 days of receipt of the complaint.
6. The Conshohocken Human Relations Commission will send a copy of the complaint to the named respondent [the person/organization you are filing the complaint against] within 30 days from the date of docketing the complaint.
7. The respondent will have 30 days to send a written, verified answer to the complaint.
8. To avoid rewriting your answers, please read the complaint form from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so.
9. Please notify the Commission of any change of address or other contact information that occurs after filing the complaint. Failure to do so may result in dismissal of the matter.
10. If you will have an attorney representing you on this matter, please have your attorney send us a letter that confirms this. You do not need an attorney to file a complaint.
11. If you need any further information, please email Conshohocken Borough Manager, Stephanie Cecco at scecco@conshohockenpa.org, or Executive Assistant to the Borough Manager, Brittany Rogers at brogers@conshohockenpa.gov, or call 610-828-1092.



Borough of Conshohocken Human Relations Commission Complaint Form

Please read the following before proceeding:

Conshohocken Human Relations Commission can investigate complaints of discriminatory action by any person or organization on the basis of actual or perceived ethnicity, race, color, ancestry, religion, national origin, gender, gender identity or expression, marital and familial status, age, sexual orientation, mental or physical disability, use of guide or support animals or mechanical aids and/or source of income, or any other group, class or category which is recognized under Federal or State law, including the Pennsylvania Human Relations Act.

PLEASE PRINT

A. Information about you:

Name: _____ Date of Birth: _____
(First) (Middle Initial) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (include area code): Work _____

Home _____

Cell _____

May we call you at work? (Circle one) YES NO

Email: _____

B. Please provide the name of a person at a different address whom we can contact if we are unable to reach you:

Name: _____ Relationship: _____

Telephone No.: _____ Address: _____

City: _____ State: _____ Zip: _____

C. Why do you believe that you were discriminated against (Check all that apply)

Ethnicity _____ Race _____ Color _____ Ancestry _____ Religion _____

National Origin _____ Gender _____ Gender Identity/Expression _____

Marital Status _____ Familial Status _____ Age _____ Sexual Orientation _____

National Origin _____ Mental/Physical Disability _____ Source of Income _____

Use of a guide or support animals or mechanical aids _____ Other _____

D. Information about the Person or Organization you believe discriminated against you:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No. (include area code): _____

Email: _____

E. The following questions concern the specific action(s) taken against you.

1. What action was taken against you that you believe to be discriminatory? What harm was caused to you and/or others in your situation because of the action? Also, if applicable, if you believe you were retaliated against because you complained about what you believed to be unlawful discrimination, because you filed a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please describe below.

2. What is the date this action first occurred? _____

3. What is the last date of such action? _____

4. Who took this action against you (if known)? Name(s) and Job titles(s) if applicable

5. Did you complain to anyone about this incident or problem(s)? If so, please indicate the name and title of the person to whom you complained and describe any response taken or explanation that you were given for the action taken?

6. Why do you think the action was discrimination? (If applicable, provide the name and job title of others in the same or similar situation treated more favorable. Explain how they were treated differently.)

7. Have you filed a complaint about this matter with any other commission or agency? If so, please indicate below:

Name of Agency Or Commission: _____

Date Filed: _____

Docket #: _____

8. Have you taken any court action regarding this matter? If so, please indicate below:

Name of Court: _____

Date Filed: _____

Docket #: _____

9. If there are witnesses, please provide the name(s), address(es), telephone number(s), and a description of the information that can be provided by your witness(es) who you think can provide evidence in support of your allegations of discrimination:

Name and Address	Telephone No.	Description of information that witness can provide

10. Please attach to this complaint any documentation that you feel is relevant to your claim of discriminatory treatment. Please keep all originals and submit only copies.

Please read the following before signing:

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 Section 4904, relating to unsworn falsification to authorities.

Signature: _____

Date: _____

MAIL OR HAND DELIVER TO:

**Conshohocken Borough Administrative Offices
Attention: Borough Manager or
Executive Assistant to the Borough Manager
400 Fayette Street, Suite 200 Conshohocken, PA 19428**