

PUBLIC ACCOMMODATION INTAKE QUESTIONNAIRE

1. Complainant(s) Contact Information:

Name: _____
 Filing on behalf of: _____
 Address: _____
 Address (Suite, Apt. etc.) _____
 City/State/Zip Code: _____
 Email Address: _____
 Telephone No: _____
 Cell Phone No.: _____
 Date of Birth: _____
 Sex: _____ Race: _____ Are you Hispanic? Yes No
 What is your National Origin? _____

2. Respondent(s) Contact Information: (Entity or Place of Public Accommodation against whom you are filing this complaint)

Name: _____
 Address: _____
 Address (Suite, Apt. etc.) _____
 City/State/Zip Code: _____
 Telephone No: _____

3. Protected Class(es): (check all reasons you have been discriminated against and specify the class, e.g., race, African American; sex, female):

- | | |
|--|---|
| <input type="checkbox"/> Race: _____ | <input type="checkbox"/> Ancestry: _____ |
| <input type="checkbox"/> Color: _____ | <input type="checkbox"/> Religious Creed: _____ |
| <input type="checkbox"/> Sex: _____ | <input type="checkbox"/> National Origin: _____ |
| <input type="checkbox"/> Disability: _____ | <input type="checkbox"/> Retaliation: _____ |
| <input type="checkbox"/> Use of Guide or Support Animal: _____ | <input type="checkbox"/> Other (specify) _____ |

4. The Pennsylvania county where you were harmed: _____

5. I visited Respondent on: _____

6. Dates of Discrimination: Beginning: _____ Ending: _____ Continuing? Yes No

7. Describe the discriminatory conduct, with specificity, and explain why you feel that you were discriminated against because of your protected class: (e.g., denial of admittance, denial of disability accommodation, retaliation, different terms, and conditions of services provided)

- Based upon the foregoing, I/we allege that the Respondent(s) violated Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- I/we pray that the Respondent(s) be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.

VERIFICATION

I hereby verify that the statements above 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.A. § 4904, relating to unsworn falsification to authorities.

Signature

Date

Printed Name

***PROVIDE A COPY OF ANY DOCUMENTATION OR WEBPAGE SHOWING THE EXACT ADDRESS OF THE RESPONDENT THAT DENIED YOU A PUBLIC ACCOMMODATION IN PDF FORMAT**