

Discrimination Complaint Form

The purpose of this form is to assist you in filing a discrimination complaint with the Pennsylvania Commission on Crime and Delinquency in connection with one of its programs or services.

1. Name: _____

Address: _____

City, State and Zip Code: _____

Email Address: _____

Home Telephone: _____ Work Telephone: _____ Other: _____

2. Person(s) discriminated against, if different from above:

Name: _____

Address: _____

City, State and Zip Code: _____

Email Address: _____

Home Telephone: _____ Work Telephone: _____ Other: _____

Please explain your relationship to this person(s): _____

3. Agency and department or program that discriminated:

Name: _____

Address: _____

City, State and Zip Code: _____

Home Telephone: _____ Work Telephone: _____ Other: _____

4. A. Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National Origin: _____

____ Sex: _____

____ Gender Identity: _____

____ Sexual Orientation: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

- B. Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National Origin: _____

____ Sex: _____

____ Gender Identity: _____

____ Sexual Orientation: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we are unable to reach you directly, you may provide to us the name and phone number of a person who can provide information about your complaint:

Name: _____

Home Telephone: _____ Work Telephone: _____ Other: _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

8. To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

9. Complaints of discrimination must generally be filed within 180 days or one year from the date of the alleged discrimination, depending on the terms of the statute. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

<u>Name</u>	<u>Address</u>	<u>Area Code/Telephone</u>

13. Do you have any other information that you think is relevant to our investigation of your allegations?

14. What remedy are you seeking for the alleged discrimination?

15. Have you (or the person discriminated against) filed the same or any other complaints with other PA State Government or Federal Department of Justice offices?

Yes ____ No ____

If so, do you remember the Complaint Number? _____

Against what agency and department or program was it filed?

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Date of Filing: _____

Agency filed with: _____

Briefly, what was the complaint about?

What was the result?

16. Have you filed or do you intend to file a charge or complaint concerning the matters raised in the complaint with any of the following?

___ U.S. Equal Employment Opportunity Commission

___ U.S. Department of Justice Office for Civil Rights

___ Federal or State Court

___ Pennsylvania Human Relations Commission

___ Grievance or complaint office

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Comments: _____

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

19. We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us.

20. Submission Information: Complainants may submit their completed complaint form to PCCD via U.S. mail or email as shown below.

Mail:

PCCD
Grants Management
P.O. Box 1167
Harrisburg, PA 17108-1167

or

Email address: RA-cd-fraud-hotline@pa.gov