

LEHIGH COUNTY HUMAN RELATIONS COMMISSION
OFFICIAL COMPLAINT FORM
2-11-25

Date of filing:

1. Complainant(s):

Legal name:

Chosen name if different from legal name:

Pronouns:

Prefer to be addressed as (sir, ma'am, by your name, other):

Address:

City:

State:

Zip code:

Email address:

Phone number:

Will you need translation help into English? Yes No

If yes, what language do you use?:

Are you helping someone else file this complaint? Yes No

If yes, what is your name and contact information?:

2. Respondent(s) (Person or persons, organization, business, landlord, etc. that you are filing this complaint against:

Individual's Name/s:

Title:

Relationship to complainant (business owner, supervisor, landlord, neighbor, etc.):

—

Name of Business or Organization:

Address:

City:

State:

Zip Code:

Email address:

Phone number/s:

3. Did this discrimination happen in Lehigh County? Yes No

Provide exact address/es where discrimination happened:

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4. Did this discrimination happen within the last 180-days? Yes No

Dates of discrimination: Began: Ended:

Is it continuing: Yes No

5. Your complaint must relate to unfair discrimination based on a protected class covered by the Lehigh County Human Relations Ordinance. Please indicate the protected class(es) that relate to this complaint (check all that apply):

Race

Ethnicity

Color

Religion

(Religious) Creed

National Origin

Citizenship Status

Sex (including pregnancy, childbirth, and related medical conditions)

Gender Identity/Gender Expression

Sexual Orientation

Genetic Information

Marital Status

Familial Status

GED rather than high school diploma

Physical or mental disability

Relationship or association with a disabled person

Source of income

Age (over 35)

Height

Weight

Veteran Status

Disability

Use of guide or support animals and/or mechanical aids

Domestic or Sexual Violence Victim Status

Retaliation for claiming discrimination

Other (specify)

Other covered areas of discrimination:

Discrimination due to Long Covid or HIV/AIDS

Requiring those convicted of a crime to check a box on a job application

Denial of membership in a labor union

Asking about prior salary

Penalizing or harassing someone for not speaking English in non-job required instances

Discrimination against a breast-feeding mother

Discrimination against a licensed common carrier/driver

Discrimination or unequal treatment in educational institutions based on a protected class regarding use of facilities that are appropriate to gender

Discriminatory advertising in relation to provision of services or housing

6. Was this discrimination based on a prior criminal conviction? Yes No

7. Was this discrimination in retaliation for a previous discrimination complaint you made?

Yes No

8. Category of discrimination (check all involved):

Employment

Housing

Education

Healthcare

Public Accommodation (public services, stores, community resources, access to organizations, financial lending, etc.)

Please be aware that it is your responsibility, as the complainant, to provide evidence of discrimination.

9. Describe what happened in detail. Explain why you know unfair discrimination happened in relation to a protected class. Describe specific statements by the Respondent/s that demonstrate protected class discrimination. Include what the respondent did (denial of accommodation, inferior treatment, unequal or non-parity of services, harassment, hate language, retaliation):

10. If this is an employment complaint, have you spoken about or filed an internal complaint within your company? Yes No

11. What evidence of discrimination can you supply with your complaint? (Emails, copies of internal complaint filings, witnesses or witness statements, uneven treatment, statements, or remarks by the respondent, a pattern of bias, etc.):

12. Have you already filed a complaint on this issue with the Pennsylvania Human Relations Commission? Yes No

13. Have you filed a complaint on this issue with the federal Equal Employment Opportunity Commission (EEOC)? Yes No

14. If this is an employment complaint, how many people are employed at the business?:

15. Are you able to meet with a Human Relations Commissioner to discuss your complaint?
- In-Person at the Lehigh County Government Center building in Allentown?
 - On-line in a Zoom meeting?
 - On the phone?

VERIFICATION

I hereby verify that the statements on this form 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:

COMMISSION USE ONLY

Received by:

Date:

Time:

Intake Reviewer:

Investigator:

Complaint is *prima facie*? Yes No

Complaint under the jurisdiction of the LCHRC? Yes No

Complaint Resolved (founded and resolution has occurred): Yes No

Complaint Denied (unfounded): Yes No

Findings in summary: