



CITY OF BETHLEHEM

HUMAN RELATIONS COMMISSION

10 East Church Street, Bethlehem, Pennsylvania 18018-6025

hrc@bethlehem-pa.gov

PUBLIC ACCOMODATION DISCRIMINATION COMPLAINT

Complainant(s)

v.

Respondent(s)

COMPLAINT

1. COMPLAINANT(S) (name(s)/address(es)/phone number(s))

2. RESPONDENT(S) (name(s)/address(es)/phone number(s))

(person; owner, proprietor, superintendent, agent, or employee of any public accommodation; or other entity against whom you are filing this complaint)

3. Respondent listed above is a public accommodation which is open to, accepts, or solicits the patronage of the general public.

4a. Respondent's location _____

4b. I visited Respondent on _____

5. Protected Class(es) (check all reasons you have been discriminated against and specify below)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Sex | <input type="checkbox"/> Age/Date of Birth |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> National Origin | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Gender Identity or Expression | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Use of Mechanical Aid | |
| <input type="checkbox"/> Use of Guide or Support Animal | <input type="checkbox"/> Other (specify) _____ | | |

6a. Date of Discrimination Beginning:

6b. Continuing?

6c. Date of Discrimination Ending:

Yes No

7. DESCRIBE THE DISCRIMINATORY CONDUCT, WITH SPECIFICITY, AND EXPLAIN HOW THE DISCRIMINATORY CONDUCT IS RELATED TO YOUR PROTECTED CLASS:

(e.g. denial of admittance, denial of disability accommodation, retaliation, different terms and conditions of services provided)

8. Based upon the foregoing, I/we allege that the Respondent(s) violated Article 145 of the Codified Ordinances of the City of Bethlehem.

9. The Bethlehem Human Relations Commission has jurisdiction over this matter pursuant to Article 145 of the Codified Ordinances of the City of Bethlehem and the Pennsylvania Human Relations Act, 43 P.S. § 962.1.

10. I/we pray that the Respondent(s) be required to provide all appropriate remedies under Article 145 of the Codified Ordinances of the City of Bethlehem.

VERIFICATION

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. § 4904, relating to unsworn falsification to authorities.

Name

Date

Email

Name

Date

Email

WARNING: COMPLAINTS MUST BE SIGNED AND FILED WITHIN 180 DAYS OF THE ALLEGED ACT OF HARM.

WARNING: IF YOU FAIL TO COMPLETE ANY PORTION OF THIS COMPLAINT, THE BETHLEHEM HUMAN RELATIONS COMMISSION MAY NOT ACCEPT YOUR COMPLAINT FOR FILING.

Please fill out this form and submit it electronically through this website or return to:

Bethlehem Human Relations Commission or
10 East Church Street
Bethlehem, PA 18018

City Clerk
10 East Church Street
Bethlehem, PA 18018