

Lancaster City Human Relations Commission Complaint Form



Date Received _____

Complainant Information (Who is making the complaint?)

Name of Complainant _____

Last

First

M.I.

Address _____

Street Address

Suite or Apt. #

City

State

ZIP

Telephone _____

Home

Cell

Respondent Information (Who are you accusing of discrimination?)

Name of Respondent _____

Address _____

Street Address

Suite or Apt. #

City

State

ZIP

Telephone _____

Alleged discrimination is based on:

Race

Guide Dog or Support Animal

Familial and Marital Status

Color

Sexual Orientation or Gender Identity

Gender (Includes Sexual Harassment)

Religion

Possession of a GED

National Origin

Ancestry

Disability or Handicap

Pregnancy

Age

Area of complaint:

Education

Employment (No hire or termination)

Housing

Lending/Banking

Public Accommodation

Name of
Alleged Offender _____

Last

First

M.I.

Business or
Organization _____

When did the alleged
discrimination occur? _____

Where did the alleged
discrimination occur? _____

Any witnesses? Yes No

Names of Witnesses _____

