

ALLEGHENY COUNTY HUMAN RELATIONS COMMISSION



920 City-County Building
414 Grant Street
Pittsburgh, Pennsylvania 15219

COMPLAINT

ACHRC No: _____

Complainant:
(Individual filing Complaint)

Respondent:
(Person/entity Complaint is filed against)

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

This complaint is related to: (check all that are applicable)

- Employment
- Public Accommodation/Service
- Housing

The discrimination took place on:

- Earliest Date _____
- Latest Date _____

This Complaint is based on discrimination due to: (check all that are applicable)

- Age Ancestry Color Family Status Handicap/Disability
- National Origin Race Religion Retaliation Sex/Gender
- Sexual Orientation Other (specify) _____

The particulars of the Complaint are as follows:

1.

2.

3.

4.

5.

If there are additional facts you believe should be considered, record them on additional pages and attach them to this form.

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.

Date

Signature of Complainant