

**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
- Public Education
- Medical Care

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  Hairstyle  Other (specify)\_\_\_

The particulars of the Complaint are as follows:

(Please state your claims in numbered paragraphs with each paragraph limited as far as practicable to a single sentence or allegation. Note that any attachments or exhibits to this Complaint will be shared with Respondent. If there are additional facts you believe should be considered, record them on additional pages and attach them to this form.)

1.

2.

3.

4.

5.

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**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.**

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Date

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Signature of Complainant