pennsylvania
COMMISSION ON CRIME
AND DELINQUENCY

# COMPLAINT FORM

The purpose of this form is to assist you in filing a discrimination complaint with the Pennsylvania Commission on Crime and Delinquency.

1. Name:_____
Address:
Number and Street_____

City, State Zip Code_____

Telephone: Home: (_____)_____ Work or Cell: (_____)_____

2. Person(s) discriminated against, if different from above:

Name:_____

Address:
Number and Street_____

City, State Zip Code_____

Telephone: Home: (_____)_____ Work or Cell: (_____)_____

Please explain your relationship to this person(s):_____

3. Agency and department or program that discriminated:

Name:_____

Address:
Number and Street_____

City, State Zip Code_____

Telephone: Home: (_____)_____ Work or Cell: (_____)_____

4A. Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

4B. Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

_____

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Telephone: Home:(_____)_____ Work or Cell: (_____)_____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name:_____
Address:
Number and Street_____

City, State Zip Code_____

Telephone: Home: (_____)_____ Work or Cell:(_____)_____

8. To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

9. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

_____

_____

_____

10. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

_____

_____

_____

_____

_____

_____

_____

11. The laws we enforce prohibit recipients of grant funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name Address Area Code/Telephone

_____

_____

_____

_____

13. Do you have any other information that you think is relevant to our investigation of your allegations?

_____

_____

_____

_____

_____

_____

_____

14. What remedy are you seeking for the alleged discrimination?

_____

_____

_____

_____

_____

15. Have you (or the person discriminated against) filed the same or any other complaints with other PA State Government or Federal Department of Justice offices?

Yes ____ No ____

If so, do you remember the Complaint Number?_____

Against what agency and department or program was it filed?

_____

Name:_____

Address:
Number and Street_____

City, State Zip Code_____

Telephone: Home: (_____)_____ Work or Cell: (_____)_____

Date of Filing: _____

Agency filed with:_____

Briefly, what was the complaint about?

_____

_____

_____

_____

_____

What was the result?

_____

_____

_____

16. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

_____ U.S. Equal Employment Opportunity Commission

_____ U.S. Department of Justice Office for Civil Rights

_____ Federal or State Court

_____ Pennsylvania Human Relations Commission

_____ Grievance or complaint office

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Comments: _____

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

_____

_____

_____

19. We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

_____ _____

(Signature) (Date)

Please feel free to add additional sheets to explain the present situation to us.