

PENNSYLVANIA HUMAN RELATIONS COMMISSION EDUCATION DISCRIMINATION QUESTIONNAIRE

1. YOUR CONTACT INFORMATION (Student and parent or guardian*)

Sudent Name & Birthdate					
Addison		Date o	f Birth		
Address	Street				
		·			
City	State		ip Code		
Phone Number: (H) ———					
(W)	May we call you	u at work?	Yes	No	
E-mail address:					
Parent or Guardian Name —					
(*i	f filing on behalf of minor st	udent)			
Address					
	Street		Apt.		
City	State	Z	ip Code		
Phone Number: (H)		(Cell)			
(W)	May we call yo	May we call you at work?			
E-mail address:					
Name, address and phone note to contact you:	umber of a person, who d	oes NOT live wit	h you and will	know how	
Name	Phone N	lumber			
Address					
	Street		Apt.		
City	State	Z	ip Code		
E-mail address:					
2. SCHOOL OR INSTITUTE (preschool, k-12 school, c				PLAINT.	
School/institution name					
Address in PA			PA		
Street		City	State	Zip Code	

Phone Number	E-mail address
Type of school (preschool, K-12, college, univ	rersity, trade or technical school, etc.)
Top school administrator(s) or official and title	e (principal, superintendent, college president, etc.)
Pennsylvania county where you were harmed	:
	ED, AND WHEN, SO WE CAN DETERMINE E ATTACHED BROCHURE FOR MORE ISSION). * Check all that apply.
Write the date(s) you were harmed beside	the discriminatory event or action:
Admission denied	Re-admission denied
Expulsion	Suspension
Privilege denied	Other discipline
☐ Inappropriate placement (in gifted or spec	cial education)
☐ Inappropriate grades	Other different treatment
Harassment	
(by a teacher, student, school Denied access related to a disability	ol employee, administrator, etc.)
☐ Denied reasonable accommodation for a d	
Denied reasonable accommodation for reli	
OTHER, please be specific:	
*PLEASE ATTACH COPIES OF ANY DOCUMENTER, ETC. TO BACK UP WHAT YOU	MENTS SUCH AS A REPORT CARD, NOTICE, ARE SAYING.
4. DO YOU FEEL YOU WERE TREATED DI BECAUSE OF ANY OF THE CHARACTER	•
and harmed because of your race, color, relig the use, handling or training of a guide or sup disability. For example, if you feel you were t race, please indicate race as the reason. If your race and sex, please check off both ra	nt only if you believe you were treated differently ion, ancestry, sex, national origin, disability or oport animal for blindness, deafness or physical created worse than someone else because of your ou believe you were treated differently because ace and sex. Only check those reasons which se identify your race, color, religion, national origin ainst based on those factors.

Race	Color
Religion	Ancestry
	ntry in which you were born)
	erson of a different race than your own:
Your race	the other person's race
	pport animal for disability (please complete #6)
☐ Handling or training	g of a support animal for disability (please complete #6)
Other (please spec	fy)
	please complete #6) The teacher, etc. treats me as if I am disabled.
☐ I have a relationship	or association with someone who has a disability. (please complete #6)
unlawful discrimination, you assisted someone e information.	harmed because you complained about what you believed to be because you filed a complaint about unlawful discrimination, or because else in complaining about discrimination, please complete the following int with the PA Human Relations Commission
If you filed a complaint	with another agency, list the agency's name and date of filing:
	about discrimination to a teacher, administrator or other school official ned to (name and position):
Date(s) you assisted so	meone in complaining about discrimination
5. STATE THE REASO ACTIONS THAT HA	NS THE TEACHER, ADMINISTRATOR, ETC. GAVE FOR THE RMED YOU.
Who told you about the	reasoning for the action? Include his or her position.
When were you told about	out the action taken against you?
	Date(s)
If you were given no re	ason, please check here.
Regarding how you wer	e harmed, please identify a person or persons who were treated better

than you. For example, you were suspended for the same offense committed by students of a different race or gender and they were punished less harshly.						
Name of other person(s) - First and Last						
How is this person <u>different</u> from you? For example, what is his or her race, age, religion, etc.?						
Please explain exactly how this person was treated better or differently than you. Include dates.						
If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. which can be investigated, and which directly relates to why you were treated differently than someone else.						
6. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #4 ABOVE, ANSWER THE FOLLOWING QUESTIONS. (IF NOT, SKIP TO #7) What is your disability?						
How long have you had this disability and when did it start?						
Do you still have this disability? \square yes \square no						
If yes, how much longer do you expect to have the disability?						
What major life activities do you have great difficulty performing because of your disability (Check all that apply.)						
☐ Seeing ☐ Hearing ☐ Bending ☐ Walking ☐ Lifting ☐ Stooping ☐ Turning						
☐ Climbing ☐ Running ☐ Talking ☐ Standing for long periods						
☐ Sitting for long periods ☐ Caring for yourself ☐ Thinking ☐ Concentrating						
Relating to Others						
Other Major Life Activities (Be specific)						
If you have had a disability in the past, when did it start, and what date did it end?						
If a teacher, school employee, etc. treats you as if you are disabled: What disability do they think or believe you have?						
Who are the people that are treating you as disabled (names and positions)?						

Why do you think that these people think or believe you have a disability?					
How did the teacher, school employee, etc. learn about your disability?					
On what date did they learn about your disability?					
Which specific person learned about your disability? (include his or her position or title)					
If you are related to someone who has a disability, what is your relationship to this person?					
What is this person's disability?					
How and on what date did the school staff or faculty learn about this person's disability?					
Did you ask for an accommodation or assistance?					
(2) On what date was the request made?					
Did the school provide the requested accommodation or assistance? yes no If so, on what date?					
If not, were you provided with some other accommodation or assistance instead? \square yes \square no If yes, please explain.					
Did the school deny your request for an accommodation or assistance? $\hfill yes \hfill \hfi$					
if so, who denied your request?					
What date was the request denied?					
What reason was given to you for the denial?					
- 3 - PA Education Discrimination Questionnaire, Rev. 6-1					

7. IF YOU WERE DENIED ACCESS BECAUSE OF A DISABILITY, PLEASE DESCRIBE THE INACCESSIBLE FACILITY OR SERVICE, IN ADDITION TO COMPLETING QUESTION 6.
What service, facility or area was not accessible, and how? (Be as specific as possible, for example: entrance was not accessible because of stairs, doorway/aisles too narrow for wheelchair, assistive device, alternate format for visual disability or sign language interpreter refused, no accessible parking, etc.)
8. IF YOU WERE DENIED ACCESS OR PARTICIPATION FOR A REASON OTHER THAN DISABILITY, PLEASE DESCRIBE THE INACCESSIBLE FACILITY, PROGRAM OR SERVICE AND HOW IT WAS NOT ACCESSIBLE.
What service, facility or program was not accessible, and how? (Be as specific as possible, for example: participation in xx program denied because of your sex.)
9. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #4, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.
Name the person(s) who harassed you:
His or her position or title (teacher, school employee, fellow student, etc.)
When were you harassed: Starting date Ending date
Is the harassment still continuing? \square yes \square no
How often did the harassment occur? As well as possible, please indicate date, month and
year of each incident and how often the harassing actions occurred.
☐ One time only ☐ Once a day
Several times daily
multiple times/week
multiple times/month
Please provide two or three examples of the harassment you experienced.

Did you consider any of the above acts of harassment to be especially severe and/or offensive? \square Yes \square No \square If so, please explain why.
Did the harassment have a negative or harmful effect on you or your health? If so, please explain:
Did you complain to anyone about the harassment? \square Yes \square No
To whom did you complain?
Name Position or title
What date did you complain?
Did the harassment stop after you complained about it? \square Yes \square No
If it ended, on what date did it stop?
After you complained, were any other actions taken against you? (for example – lower grades, increased discipline, etc.) \square Yes \square No
What were the actions?
On what dates did they occur?
Who took the action against you?
Name Position or title
Did this person know that you complained about the harassment? \square Yes \square No
10. IF YOU WERE DENIED AN ACCOMMODATION FOR RELIGION, PLEASE DESCRIBE THE ACCOMMODATION REQUESTED, THE DATE DENIED, AND THE REASON GIVEN FOR DENIAL.
11. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:
Name of the agency with which you filed

Date of filing			Inquiry or (Inquiry or Complaint number				
12.	(COURT A	CTION INITIA	VED IN ANY COU ATED BY YOU OR A ATE FILED, TO TH	ANYONE ELSE).	IF SO, PLEA	_		
	Yes 🗌 No							
	_	Court	City	County	State	Date filed		
13.			IS COMPLAINT W ASE ANSWER THE		LOCAL, STA	TE OR		
Nan	ne of the age	ency with which	n you filed					
Date	e of filing		Inquiry or (Complaint number				
14.	HAVE YOU	R ATTORNEY	ATTORNEY REPRE SEND US A LETTE FILE A COMPLAI	R THAT CONFIRI				
	YO	U MUST SIGN	AND DATE THIS	FORM BEFORE R	ETURNING	II.		
mac	t of my know	ıledge, informa	statements containe tion and belief. I ur of 18 PA.C.S. Sectio	nderstand that false	e statements	herein are		
Sigı	nature							
Dat	e							
UNI	DERSTAND	YOUR COMPL	MATION YOU BEL AINT, PLEASE PR SCRIBE WHAT HAI	OVIDE IT BELOW	. FEEL FRE			