PA Human Relations Commission Use Only

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Case No.

Social Security No.

PHRC can investigate education-based complaints of discrimination because of a prospective or current student's race, color, sex, religion, ancestry, national origin, handicap or disability, record of a handicap or disability, perceived handicap or disability, relationship or association with an individual with a handicap or disability, use of a guide or support animal, and/or handling or training of support or guide animals.

IN-1 S FORM - EDUCATION QUESTIONNAIRE

Questionnaire on the incident you are complaining about

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. There is a Continuation Page at the end if you need additional room to answer the questions. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name of Student _____

Student's Date of Birth _____

Name of Parent/Guardian if completing form for minor child _____

Relationship to Student _____

County of Residence _____ Phone No. Home: _____ Phone No.Work: _____

May we call you at work? (Circle one) **YES** **NO**

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint.

Information about the school or educational institution your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of School _____

County _____ Phone No. _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone No. Home _____ Phone No. Work _____

In this Questionnaire, you will see the phrase protected class mentioned. Protected class means the person's race, sex, age, ancestry, religion and so on. Depending on the issues in the complaint, you may belong to two or more protected classes. For example, a Black female could belong to two protected classes: race/Black and sex/female. A White male could belong to race/White and sex/male. All persons named in the complaint or questionnaire should be identified by their protected class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). or example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1 **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to students of a different protected class that makes you feel they received more favorable treatment than you.

_____

_____

_____

_____

_____

2 If you believe the school treated you this way because of one or more of the reasons listed below, please check those reasons.

_____ Sex _____ National Origin

_____ Race _____ Retaliation

_____ Color _____ Use of guide dog or support animal

_____ Religion _____ User is a handler/trainer of guide dogs or support animals

_____ Ancestry _____ Disability

Identify your disability:_____

3 If your complaint alleges a need for an accommodation, describe what accommodation was required because of your protected class.

_____

_____

_____

4 Did you complain to school administrators about the problem(s)? Identify the name and title of the person to whom you complained and describe what action was taken by the administration.

_____

_____

_____

5 Has anyone else been treated as you were? Please list them and identify by race, sex, disability, religion, national origin, etc.

Name Race, Disability, Religion, Sex, National Origin, etc.

5a What happened to him or her?

6 Name other people who have been treated differently. Please list them and identify by race, sex, disability, religion, national origin, etc.

Name Race, Disability, Religion, Sex, National Origin, etc.

6a What happened to him or her?

7 Because of the action taken against you, did you suffer any monetary loss or lose benefits? Please include any out-of-pocket expenses.

8 What have you done to make up for the loss(es) or benefit(s) you have listed above?

_____

_____

_____

9 Have you filed a complaint about this matter with any other commission or agency? If so, please specify the Commission or agency and the date you filed, to the best of your recollection.

Name of Agency or Commission _____

Date Filed _____

Case No. _____

10 Have you taken any court action regarding this matter? If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court _____

Date Filed _____

City _____

County _____

State _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire (Continuation Page).

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. Section 4904, relating to unsworn falsification to authorities.

Signature _____ Date _____

Address _____

City, State and Zip Code _____

Phone No. Home _____

Phone No. Work _____

Phone No. Cell _____

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.