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-2 S FORM - SCHOOL ACCESSIBILITY QUESTIONNAIRE

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 Identify by name and title the person who owns or oversees the school, school district or educational institution.

2 Describe in detail how the school, school district or educational institution is not accessible.

3 Did you notify the owner, operator or chief administrator of the nature of the accessibility problem?

4 What was the approximate date of notification? _____

5 Identify as accurately as possible the person you notified and what you said or wrote.

6 Was any explanation given to you regarding the access issue? What was it?

_____

_____

_____

_____

_____

7 **If a written explanation was given, attach a copy.**

8 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 _____

Docket No. _____

9 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 _____

Disability Information Supplement

If you allege a disability as a protected class, it is necessary that you answer questions 1 to 5a. The PHRAct and the PFEO Act define disability as a physical or mental impairment which substantially limits one or more major life activities. For this reason, it is imperative that you answer the following questions.

1 What is the exact nature of your disability and to what extent does it limit such major life activites such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working? _____

_____

_____

_____

_____

2 How long have you had this condition? _____

_____

3 How long is your condition expected to last? _____

_____

4 What types of physical activity are difficult or impossible for you to perform? (Please circle.)

Visual	Bending	Dexterity	Standing for long periods
Hearing	Stooping	Running	Sitting for long periods
Walking	Turning	Swallowing	Performing manual tasks
Lifting	Climbing	Other**	Caring for yourself

If other**, please explain. _____

_____

_____

Please provide copies of any medical information, certifictions, etc. regarding your disability.

5 Do you have any restrictions on mental activities? **YES** **NO**

5a Please provide names and addresses of doctors, hospitals, counselors, organizations, etc., who may be able to provide data concerning your disability and the extent of any treatment or specialized training you have had or are receiving.

Name/Title _____

Address _____

Treatment/Training _____

_____

Name/Title _____

Address _____

Treatment/Training _____

_____

Name/Title _____

Address _____

Treatment/Training _____

_____

Name/Title _____

Address _____

Treatment/Training _____

_____

Name/Title _____

Address _____

Treatment/Training _____

_____

Name/Title _____

Address _____

Treatment/Training _____

_____

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.