Revised 06.06

PA Human Relations Commission Use Only

Docket No.

EEOC No.

Social Security No.

PHRC can investigate complaints of discrimination in: (1) Employment based upon race, color, religion, ancestry, age (40 and above), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, possession of a diploma based on passing a general education development test, or willingness or refusal to participate in abortion or sterilization; and (2) Public Accommodations including schools based upon race, color, religion, sex, ancestry, national origin, handicap or disability, known association with a handicapped or disabled person, use of a guide or support animal due to blindness, deafness or physical handicap or because the user is a handler or trainer of such animals.

IN-4 FORM - GENERAL 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						
Address						
City				State		Zip Code
County		Phone No Home		_	Phone No. Work:	
May we	call you at work? (Circle one)	YES	NO		
your comp employme	tion about the Organ	V-2 forms, contrac	ts, etc. to aid	n verification	-	ill hinder the processing of and address (if an
Address						
City				State		Zip Code
Type of	Business					
County			Phone No.			
	PLOYMENT complease circle one.	plaints only: N	umber of er	mployees w	ho work at t	the organization named
	Less than 4	15 to 100		201 to 500)	Unknown
	4 to 14	101 to 200)	501 plus		

Name			
Address	_		
City		State	Zip Code
Phone No	. Home	Phone No. Work	Exp code
ancestry, I classes. Fo could below identified before the female). For	religion and so on. Depending or example, a Black female coung to race/White and sex/male by their class as follows: John	g on the issues in the complaint, ld belong to two classes: race/E. All persons named in the comploe (White male), John Doe (unis based on race, include the race)	eans the person's race, sex, age, you may belong to two or more Black and sex/female. A White male plaint or questionnaire should be nder age 40), Jane Doe (Black e of all persons mentioned. If it is a
1	you feel you were treated dif	ferently. In other words, what ha	lain what happened to you and why appened to persons of a <u>different</u> ment than you. Give specific dates.
2	below, please check those rea	•	of one or more of the reasons listed ver treated you this way for a reason
2	below, please check those rea	asons. If you believe the employ	er treated you this way for a reason
2	below, please check those rea which is not listed, explain w	asons. If you believe the employ that you believe to be the reason National Origin	er treated you this way for a reason
2	below, please check those rea which is not listed, explain w	asons. If you believe the employ that you believe to be the reason National Origin	rer treated you this way for a reason.
2	below, please check those rea which is not listed, explain w Sex Race	Age Da	rer treated you this way for a reason.
2	below, please check those rea which is not listed, explain was Sex Race Color	National Origin Age GED	rer treated you this way for a reason a. The area of Birth
2	below, please check those rea which is not listed, explain was a sex Race Color Religion	Asons. If you believe the employ what you believe to be the reason National Origin Age Da GED Retaliation Use of guide dog or su	rer treated you this way for a reason i. The second secon
2	below, please check those rea which is not listed, explain we sex Race Color Religion Ancestry Non-job related	Asons. If you believe the employ what you believe to be the reason National Origin Age Da GED Retaliation Use of guide dog or su	rer treated you this way for a reason i. The second secon
2	below, please check those rea which is not listed, explain we sex Sex Race Color Religion Ancestry Non-job related Identi	Asons. If you believe the employ what you believe to be the reason National Origin Age Da GED Retaliation Use of guide dog or su	rer treated you this way for a reason a. The treated you this way for a reason are as a reason are
3	below, please check those rea which is not listed, explain we see Sex Race Color Religion Ancestry Non-job related Identi Participation in Did you complain to manage	Asons. If you believe the employ what you believe to be the reason National Origin Age Da GED Retaliation Use of guide dog or su I disability fy your disability: /or refusal to participate in Al	rer treated you this way for a reason that e of Birth apport animal bortion/sterilization ntify the name and title of the person

Name	Race, Age, Sex, etc.
What happened to him or h	er?
Name other people who ha	ve been treated differently. Please list them and identify by race, sex,
Name	Race, Age, Sex, etc.
What happened to him or h	er?
Because of the action taken include any out-of-pocket e	n against you, did you suffer any monetary loss or lose benefits. Please expenses.
	ke up for the loss(es) or benefit(s) you have listed above?
What have you done to mal	

Have you filed a complaint about this matter with any other commission or agency? If so, please

7	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.				
8	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				
knowledge	erify that the statements contained in this complaint are true and correct to the best of my e, information and belief. I understand that false statements herein are made subject to the of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.				
Signature					
	Date				
Address	Date				
	Date and Zip Code				
	e and Zip Code				
City, State	e and Zip Code . Home				

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.				