



PHILADELPHIA COMMISSION ON HUMAN RELATIONS
EMPLOYMENT DISCRIMINATION INTAKE FORM

INSTRUCTIONS

This packet contains the form you will need to complete to begin the process of filing a discrimination complaint with our office. You can also download and print this form from our website: www.phila.gov/humanrelations. The form asks for some of the basic information that we need to decide whether or not we can investigate your employment problem. If you have difficulty understanding these instructions or have questions, our staff can assist you.

The **Employment Discrimination Intake Form** asks questions about why you believe you were treated unfairly and how you believe this treatment was against the law. In Philadelphia, the law protects employees against unfair treatment in employment on the basis of:

- | | |
|--------------------------------|---|
| ✓ Age (40 or over) | ✓ Genetic Information |
| ✓ Ancestry | ✓ Marital Status |
| ✓ Color | ✓ National Origin |
| ✓ Disability | ✓ Race |
| ✓ Domestic and Sexual Violence | ✓ Religion |
| ✓ Ethnicity | ✓ Retaliation for Prior Complaint of Discrimination |
| ✓ Familial Status | ✓ Sex |
| ✓ Gender Identity | ✓ Sexual Orientation |

The PCHR Cannot Investigate Employment Complaints Based on General Mistreatment

There are many reasons people are treated unfairly, and several of these reasons may not be against the law. The PCHR can only investigate employment complaints based on illegal mistreatment relating to the factors identified above. By law, we cannot handle general employment concerns based on any other factors. In addition, your complaint should relate to mistreatment that affected you personally. You cannot file a complaint about the treatment of someone else unless you have the legal right to represent that person (*e.g.*, because you are the person's parent or guardian).

Evidence Is Required To Support Your Discrimination Complaint

In addition to the statements you make about why you believe you were mistreated, the PCHR will need information from other people and from documents to investigate your complaint. The Employment Discrimination Intake Form includes questions about the people and documents that might help prove that any mistreatment you experienced was against the law. To be most useful to your complaint, the people you identify generally should have direct knowledge (have learned through their own senses) of how you were treated and/or some information about how your treatment compared to that of other people. The most helpful documents will be ones written around the time that you believe you were mistreated.

Complete the attached form only if you believe you have been discriminated against because of one of the bases listed above. Please take the time to answer all questions completely and accurately. Once you have completed the form, please submit the form in person or by mail to our office:

Philadelphia Commission on Human Relations

The Curtis Center
601 Walnut Street, Suite 300 South
Philadelphia, PA 19106
Phone: 215-686-4670
TTY: 215-686-3238

Once we have received your completed form, our intake staff will meet with you about filing a complaint. Completing the enclosed form does not mean you have filed a discrimination complaint. A PCHR staff person will review your form and meet with you to decide if we can assist you. Preparing and filing a discrimination complaint is a complex matter. Please plan for the process to take at least 2 hours.

SPECIAL INSTRUCTIONS IF THE DISCRIMINATION WAS 9 OR MORE MONTHS AGO:

The Philadelphia Commission on Human Relations can only investigate discrimination that occurred within the past 300 days. If your complaint involves events that occurred more than 9 months ago, please contact our office immediately. If you fail to complete all of the steps for filing a complaint within the legal time period, our staff will not be able to investigate your complaint.



**PHILADELPHIA COMMISSION ON HUMAN RELATIONS
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1. Please provide your personal information.

First Name		Last Name
Street Address (Include Apartment or Unit #)		City
State	Zip Code	Email Address (if available)
Home Phone		Work Phone
Cell Phone		Date of Birth

2. Are you filing this complaint for someone else? Yes No

a. If Yes, who do you believe was discriminated against?

First Name	Last Name
Relationship To You	

3. What organization (e.g., employer, union or employment agency) do you believe has discriminated?

Organization		
Street Address		City
State	Zip	Phone
Job Location (if different from organization address)		
Human Resources Director or Owner Name		Phone
# Employees In Philadelphia	# Employees In Pennsylvania	# Employees In U.S.

4. Describe your employment history with the organization you believe discriminated. Complete as many items as you can.

Date(s) Applied:	Position(s) Applied For:	
Date Hired:	Hired By (Name & Title):	
Job Title When Hired:	Supervisor (Name & Title):	Rate of Pay:
Job Title at Time of Alleged Discrimination:	Supervisor (Name & Title):	Rate of Pay:

5. What is the reason (basis) for your discrimination complaint?

FOR EXAMPLE: If you feel you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Age 40 or over | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Color (e.g., difference in skin shade within same race) | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Race |
| <input type="checkbox"/> Domestic Or Sexual Violence | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Retaliation For Prior Discrimination Complaint |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Other (explain): _____ | |

6. For each category above, please state how you identify yourself. For example, if you checked sex, please indicate whether you are male or female.

7. What happened to you that you believe was discriminatory? Please attach additional pages if needed.

Date	Action (<i>Ex. I was suspended</i>)	Name/Title of Person(s) Responsible

8. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

9. What reason(s) were you given for the acts you consider discriminatory? By whom? His or her job title?

10. Why do you believe the reason(s) given to you are false?

11. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the basis identified in Question 5 of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

a. Of the persons in the same or similar situation as you, who was treated *better* than you?

Full Name	Basis	Job Title	Description of Treatment

b. Of the persons in the same or similar situation as you, who was treated *worse* than you?

Full Name	Basis	Job Title	Description of Treatment

c. Of the persons in the same or similar situation as you, who was treated as *same* as you?

Full Name	Basis	Job Title	Description of Treatment

Answer Questions 12-14 only if you are claiming discrimination based on disability. If not, skip to Questions 15-21. Please state if you have more than one disability. Please add additional pages if needed.

Please check all that apply:

- Yes, I have a disability
- I do not have a disability now, but I did have one
- I do not have a disability, but the organization treats me as if I am disabled

12. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.)? If so, how does this disability affect you?

13. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

- Yes No

a. If Yes, what medication, medical equipment or other assistance do you use?

14. Did you ask your employer for any changes or assistance to do your job because of your disability? Yes No

a. If Yes, please state when you asked, how you asked, who you asked, what changes or assistance you requested and how the employer responded to your request.

Date	Verbal or Written Request?	Name/Title of Person(s) Asked	Changes or Assistance Requested	Employer Response

15. Are there any witnesses to the alleged discriminatory incidents? Yes No

a. If Yes, please identify them below and describe what they will say. (Please attach additional pages if needed.)

Full Name	Job Title	Address & Phone Number	What This Person Will Say

16. Are there any documents about the alleged discriminatory incidents? Yes No

a. If Yes, please identify them below and indicate from whom we might obtain them.

Document	Source of Document

17. Have you filed a complaint on this matter with the Pennsylvania Human Relations Commission or another agency?

- Yes No

If you filed a complaint with another agency, please indicate the agency and date of filing:

Agency	Date of Complaint(s)
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission	
<input type="checkbox"/> Pennsylvania Human Relations Commission	
<input type="checkbox"/> Other (explain):	

18. Have you sought help about this situation from a union, an attorney, or any other source? Yes No

a. If Yes, please provide the name of the organization, the name of person you spoke with, the date of contact, and results, if any.

Organization	Person You Spoke With	Date of Contact	Results

19. If we cannot reach you directly, is there someone we can contact to help us reach you?

First Name		Last Name
Street Address (Include Apartment or Unit #)		City
State	Zip Code	Email Address (if available)
Home Phone		Other Phone
Relationship to You		

20. Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a discrimination complaint, you must do so within 300 days from the day you knew about the discrimination. If you do not file a complaint within the time limits, you will lose your rights. If you would like more information before filing a complaint or you have concerns about PCHR’s notifying the organization about your complaint, you may wish to check Box 1. If you want to file a complaint, check Box 2.

BOX 1 I want to talk to a PCHR employee before deciding whether to file a complaint. I understand that by checking this box, I have not filed a complaint with the PCHR. **I also understand that I could lose my rights if I do not file a complaint in time.**

BOX 2 I want to file a complaint of discrimination, and I authorize the PCHR to look into the discrimination I described above. I understand that **the PCHR must give the employer, union, or employment agency that I accuse of discrimination information about the complaint, including my name.** I also understand that the PCHR can only accept complaints of job discrimination based on age, ancestry, color, domestic or sexual violence, ethnicity, familial status, gender identity, genetic information, marital status, national origin, race, religion, retaliation for prior discrimination complaint, sex or sexual orientation.

21. If you checked Box 2 above, what would you like to have happen in response to your complaint?
(Ex. job restored, back pay, seniority reinstated, guarantee of no future discrimination, work record cleansed)

I declare under penalty of perjury that all of the information that I have provided on this form is true, correct, and complete to the best of my knowledge. I acknowledge that false statements on this form are punishable under state law, 18 Pa. C.S. § 4904 (unsworn falsification to authorities).

Signature

Today’s Date