

City of Philadelphia Commission on Human Relations



CONFLICT RESOLUTION REQUEST FORM

YOUR INFORMATION:

First Name: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: _____ (home) Phone: _____ (cell)

NEIGHBOR'S INFORMATION:

First Name: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: _____ (home) Phone: _____ (cell)

Briefly describe the issues you are having:

How long has this been going on? _____

Have you previously used PCHR's services? _____

Is there any legal or pending court action related to this situation? _____

Your Police District: _____ Your Neighborhood: _____

Have the Police been involved? If so, please describe how: _____

How did you learn of our services? _____

Please return this form to:

*The Philadelphia Commission on Human Relations
601 Walnut Street, Suite 300 South, Philadelphia, PA 19106*

Fax 215-686-4684 Email: pchr@phila.gov

Thank you. You will be contacted by someone from this office. Please print clearly.