



CITY OF PHILADELPHIA

COMMISSION ON HUMAN RELATIONS
601 Walnut Street, Suite 300 South
Philadelphia, PA 19106
Telephone (215) 686-4670
Fax # (215) 686-4684

Shalimar Thomas
Chairperson, PCHR

Kia Ghee, Esq.
Executive Director

Date _____ (month)/_____ (day)/_____ (year)

CONFLICT RESOLUTION REQUEST FORM (PLEASE PRINT)

YOUR INFORMATION

First Name: _____ Last Name: _____
Date of Birth/Age: _____ Sex/Gender: _____ Race/Ethnicity: _____
Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
Phone (home): _____ Phone (work or cell): _____ Email: _____

RESPONDENT'S INFORMATION

First Name: _____ Last Name: _____
Date of Birth/Age: _____ Sex/Gender: _____ Race/Ethnicity: _____
Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
Phone (home): _____ Phone (work or cell): _____ Email: _____

➤ **Describe the issues you are having:** _____

➤ **Have there been any physical altercations between you and your neighbor? Yes/ No**
If yes, please describe what happened: _____

➤ **Are there any legal or pending court actions related to this situation? Yes/No**

Please return your completed form to the front desk or mail 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.