



PHILADELPHIA COMMISSION ON HUMAN RELATIONS
PUBLIC ACCOMMODATIONS DISCRIMINATION INTAKE FORM

INSTRUCTIONS

This packet contains the form you will need to complete to begin the process of filing a discrimination complaint with the Philadelphia Commission on Human Relations (PCHR). 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 public accommodations discrimination complaint. If you have difficulty understanding these instructions or have questions, our staff can assist you.

The **Public Accommodations Discrimination Intake Form** asks questions about why you believe you were treated unfairly and how you believe this treatment violated the law. In Philadelphia, the law protects individuals against unfair treatment in public accommodations on the basis of:

- ✓ Ancestry
- ✓ Breastfeeding
- ✓ Color
- ✓ Disability
- ✓ Ethnicity
- ✓ Familial Status
- ✓ Gender Identity
- ✓ Marital Status
- ✓ National Origin
- ✓ Race
- ✓ Religion
- ✓ Retaliation
- ✓ Sex
- ✓ Sexual Orientation
- ✓ Victim of Domestic Violence, Sexual Assault or Stalking

The PCHR Cannot Investigate Public Accommodations 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 public accommodations complaints based on illegal mistreatment relating to the factors identified above. By law, the PCHR cannot handle general public accommodations related 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).

Please take the time to answer all questions completely and accurately.

Special Instructions during the Covid-19 Pandemic:

Our office is currently closed to the public because of the pandemic. However, PCHR is still accepting and investigating complaints of discrimination. Once you have completed this Intake Form, please submit it to our office by U.S Mail, Email or Fax.

Mailing address: Philadelphia Commission on Human
Relations
The Curtis Center
601 Walnut Street, Suite 300 South
Philadelphia, PA 19106

Email address: pchr@phila.gov

Fax: 215 686 4684

If after reviewing this form you still have questions, please leave a message on the general phone number.

General Phone Number: 215-686-4670

TTY: 215-686-3238

Important:

Submitting the enclosed form does not mean you have filed a discrimination complaint. Once we receive your Intake Form a PCHR staffperson will review your form, then contact you to let you know whether we can assist you. Preparing and filing a discrimination complaint is a complex matter. Please plan for the intake process to take at least 2 hours.

SPECIAL INSTRUCTIONS IF DISCRIMINATION OCCURRED MORE THAN 300 DAYS 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 300 days, 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
PUBLIC ACCOMMODATIONS DISCRIMINATION INTAKE FORM**

COMPLAINTS MUST MEET CERTAIN REQUIREMENTS. Please check the boxes to confirm that your claim meets the necessary criteria

- Discrimination occurred in the city of Philadelphia.
- Discrimination occurred within the past 300 days.
- I **have not filed** a complaint with the Pennsylvania Human Relations Commission with regard to the same discriminatory acts I will describe in this Intake Form.



If your complaint does not meet the above requirements, PCHR may not be able to investigate it. If you have any questions you may speak with an intake representative at 215-686-4670, TTY 215-686-3238.

Some of your answers may require more space than provided here. Please attach additional pages if necessary.

1. PERSONAL INFORMATION

Legal Last Name:	Legal First Name:	Middle Initial:
Preferred Last Name:	Preferred First Name:	Middle Initial:
Preferred Pronoun(s):		
Date of Birth:	Cell Phone:	Home Phone:
Email Address (if available):	Work Phone:	
Street Address (Include Apartment or Unit #):		
City, State, Zip Code:		

2. FILING ON BEHALF OF ANOTHER PERSON Yes No

If yes, what is the name of the person who experienced discrimination?

First Name:	Last Name:
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Relationship to You:

Please attach documentation establishing your authority to file on behalf of person named above.

3. NAME OF ORGANIZATION (e.g. store, restaurant, City government agency) YOU BELIEVE DISCRIMINATED AGAINST YOU

Name of Organization:	
Street Address:	
City, State, Zip Code:	Phone:
Website (if available):	

**PHILADELPHIA COMMISSION ON HUMAN RELATIONS
PUBLIC ACCOMMODATIONS DISCRIMINATION INTAKE FORM**

4. BASES OF DISCRIMINATION (Protected Categories)

I believe I was discriminated against because of my _____. Please check all that apply. For each category, please state how you identify yourself. *For example*, if you checked religion, please specify your religion (such as Catholic, Islam, Jewish, Protestant, Seventh Day Adventist, Sikh). For additional information see website: <https://www.phila.gov/HumanRelations/DiscriminationAndEnforcement/WhatIsDiscrimination/Pages/PublicAccommodationsDiscrimination.aspx>

- Breastfeeding _____
- Ancestry _____
- Color (Difference in skin shade within same race) _____
- Disability (or Perceived Disability) _____
- Victim of Domestic Violence, Sexual Assault or Stalking _____
- Ethnicity _____
- Familial Status _____
- Gender Identity _____
- Marital Status _____
- National Origin _____
- Race _____
- Religion _____
- Sex/Gender _____
- Sexual Orientation _____
- Retaliation for Prior Discrimination Complaint or Engaging in a Protected Activity _____
- Other (Explain) _____

5. DISCRIMINATORY ACTION TAKEN AGAINST YOU

How were you harmed? Please check the box next to the discriminatory action taken against you then describe the harm in further detail in the space provided in number 6. Please note this is not a complete list of possible discriminatory actions. If the harm you experienced is not on this list, check the box marked *other*, identify the harm in a few words then describe it in further detail in number 6. Add additional pages if necessary.

- Refuse, Withhold or Deny Access
- Refuse, Withhold or Deny Service
- Exclude/Terminate from Program
- Prohibit or Segregate Breastfeeding mother from public accommodation where she would otherwise be authorized to be.
- Fail to Accommodate Because of Disability
- Harassment/ Sexual Harassment
- Fail to Post Required Notice
- Publish, circulate, display, post or mail communication or advertisement that public accommodation shall be refused or that patronage is unwelcome.
- Aid, abet, incite, induce, compel or coerce the doing of any unlawful public accommodations practice or obstruct or prevent any person from complying with this law
- Refuse, withhold from or deny access to separate gender bathroom where person's gender identity is consistent with gender for which bathroom is assigned.
- Other (Explain) _____

**PHILADELPHIA COMMISSION ON HUMAN RELATIONS
PUBLIC ACCOMMODATIONS DISCRIMINATION INTAKE FORM**

6. Please describe the actions or events that you believe were discriminatory. Be specific and include date, action and name of person responsible. Add additional pages if necessary.

Date	Action (<i>For example: I was denied service</i>)	Name and Title of Person Responsible

7. Why do you believe these actions were discriminatory?

8. What reasons, if any, were you given for the actions taken against you? Who said it and what is their job title?

9. Do you believe the reason(s) given to you were false? Why?

**PHILADELPHIA COMMISSION ON HUMAN RELATIONS
PUBLIC ACCOMMODATIONS DISCRIMINATION INTAKE FORM**

10. Describe other people who were in the same or similar situation as you and how they were treated. For example, who else requested service from this establishment and was treated different than you. Provide the basis (protected category) of these individuals, and how they were treated different than you. For example, if your complaint alleges race discrimination, provide the race of each person who was treated different than you; 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 or Protected Category	Description of Treatment (Please provide details)

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

Full Name	Basis or Protected Category	Description of Treatment (Please provide details)

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

Full Name	Basis or Protected Category	Description of Treatment (Please provide details)

REASONABLE ACCOMMODATION (DISABILITY)

Answer Questions 11-13 only if you are claiming discrimination based on disability. If not, skip to Question 13. Please state if you have more than one disability.

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 I was treated as if I do. What disability does person who you believe discriminated against you think you have?

11. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability substantially limit one or more major life activities, such as walking, bending, lifting, speaking, hearing, seeing, concentrating or communicating? If so, how does this disability affect you?

**PHILADELPHIA COMMISSION ON HUMAN RELATIONS
PUBLIC ACCOMMODATIONS DISCRIMINATION INTAKE FORM**

12. Do you use medication, medical equipment or other measures to reduce or eliminate the effects of your disability in your daily life? *For example: Use a cane, walker or wheelchair to aid with mobility, read lips or use sign language to communicate.*

Yes No

If yes, what equipment, medications or other measures do you use?

13. Did you request any accommodations because of your disability?

a. Yes No

b. If yes, please state when you asked, how you asked, who you asked, what changes or assistance you requested and the response you received, if any.

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

14. WITNESSES TO DISCRIMINATION

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

a. If yes, please identify them below and describe what you believe they will say. (inserting you believe)

Full Name	Address & Phone Number	What This Person Will Say

15. Are there any documents or electronic records about the alleged discriminatory incidents?

Yes No

a. If yes, please identify below and indicate where / from whom we might obtain them.

Document or other Type of Record	Where / From Whom We Can Obtain Record

**PHILADELPHIA COMMISSION ON HUMAN RELATIONS
PUBLIC ACCOMMODATIONS DISCRIMINATION INTAKE FORM**

16. LEGAL REPRESENTATION

Are you represented by a lawyer? Yes No

a. If yes, please provide your lawyer's name and contact information.

Lawyer's Name and/or Name of Law Office or Legal Organization	Phone Number	Email Address

17. ALTERNATE CONTACT INFORMATION

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

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

18. 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.

<p>BOX 1 <input type="checkbox"/> 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.</p>
<p>BOX 2 <input type="checkbox"/> 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 person, organization or establishment that I accuse of discrimination information about the complaint, including my name. I also understand that the PCHR can only accept complaints of housing and real property discrimination based on ancestry, breastfeeding, color, disability, ethnicity, familial status, gender identity, marital status, national origin, race, religion, retaliation for prior discrimination complaint, sex, sexual orientation or victim of domestic violence, sexual assault or stalking.</p>

19. If you checked Box 2 above, what would you like to have happen in response to your complaint?

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