



PHILADELPHIA COMMISSION ON HUMAN RELATIONS

PROHIBITION ON TESTING FOR MARIJUANA AS A CONDITION FOR EMPLOYMENT Intake Form

INSTRUCTIONS

This packet contains an Intake Form which you will need to complete to begin the process of filing a complaint with our office. The Intake Form asks basic information which PCHR staff will use to determine whether we can accept your claim for investigation. If you have difficulty understanding these instructions or have questions, our staff can assist you. You may also download and print this form from our website: www.phila.gov/departments/philadelphia-commission-on-human-relations/.

Summary of the Law and Exceptions:

In Philadelphia the law prohibits employers, labor organizations, employment agencies and their agents from testing job applicants for marijuana or tetrahydrocannabinol (THC) as a condition of employment with some exceptions:

Exceptions include:

1. Where testing is required by any federal or state statute or regulation.
2. Where testing is permitted by terms of a collective bargaining agreement.
3. Where the position falls into one of these categories:
 - police and other law enforcement officers;
 - positions requiring a commercial driver's license;
 - positions requiring the supervision or care of children;
 - positions requiring the supervision or care of medical patients; or
 - positions requiring the supervision or care of vulnerable persons; and
 - any position in which the employee could significantly impact the health or safety of other employees or members of the public.

Please see FAQ's posted on our website (<https://www.phila.gov/departments/philadelphia-commission-on-human-relations/>) for additional information and examples of positions where testing is permissible.

Complete the attached form only if:

- The incident occurred within the past 30 days.
- The incident occurred within the city of Philadelphia.
- The position for which you applied is not described above or in the FAQ's on our website as one where preemployment testing is permissible.

Special Instructions:

Once you have completed this Intake Form, sign and date where indicated then 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 number.
A member of our staff will get back to you.

General Phone Number: 215-686-4670

TTY: 215-686-3238

Important:

Submitting the enclosed form does not mean you have filed a complaint. Once we receive your Intake Form a PCHR staff person will contact you to let you know whether we can accept it for investigation.

PHILADELPHIA COMMISSION ON HUMAN RELATIONS



Prohibition on Testing for Marijuana As A Condition For Employment Intake Form

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

- Unlawful activity occurred in the city of Philadelphia.
Unlawful activity occurred within the past 30 days.



If your complaint does not meet the above requirements, PCHR may not be able to accept your claim or investigation.

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

1. PERSONAL INFORMATION

Form with fields for: Legal First Name, Legal Last Name, Middle Initial, Preferred First Name, Preferred Last Name, Middle Initial, Pronoun(s), Email Address, Cell Phone, Home Phone, Street Address, Work Phone, City, State, Zip Code.

2. BUSINESS, EMPLOYMENT AGENCY OR LABOR ORGANIZATION YOU BELIEVE VIOLATED THE ORDINANCE PROHIBITING PRE-EMPLOYMENT TESTING FOR MARIJUANA

Form with fields for: Name of Business, Street Address, City, State, Zip, Phone, Name of Owner or Other Contact Person, Owner or Other Contact Person phone number or email address, Website.

Job Location (if different from above address)

Form with fields for: Street Address, City, State, Zip, Phone.

Are You are Being Placed in this Position by an
Employment/Staffing Agency ?

Yes No

If Yes, Please Enter Information About the Agency.

Street Address:

City, State, Zip:

Phone:

Website:

Name of Owner or Other Contact Person :

Owner or Other Contact Person's Email Address:

3. Circumstances of Pre-employment Testing

Date Applied:

Position(s) Applied for:

Duties of the Position:

Date Given a Conditional Offer of Employment:

Were You Given a Conditional Offer In Writing ?

Yes

No

If so, Please Attach a Copy of the Letter or Email.

Date You Were Notified of Requirement to Submit to Preemployment Testing:

If You Were Notified of Preemployment Testing in Writing, Please Attach A Copy of the Letter or Email.

4. Please describe any interactions with the prospective employer you you believe may be relevant.

Date	Interaction with Prospective Employer

5. 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:	

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