

For Township Use Only
Date Complaint Received by Township Manager:
Month: _____ Day: ____ Year: _____



Cheltenham Township Human Relations Commission
(CTHRC)

Township Manager
Cheltenham Township Administration Building
8230 Old York Road
Elkins Park, PA 19027

Complaint Form

The Cheltenham Township Human Relations Commission (CTHRC) can investigate complaints of discrimination in employment, housing, publicly-offered commercial property transactions, and public accommodations based on actual or perceived race, color, age, religious creed, ancestry, sex, national origin, handicap, disability or use of guide or support animals and/or mechanical aides because of blindness, deafness or physical handicap of the user or, because the user is a handler or trainer of support or guide animals, or because of an individual's actual or perceived sexual orientation, gender identity or gender expression.

All complaints must be received by Cheltenham Township within **180 days** of the last act giving rise to the complaint. A complaint must be **filed in person at the office of the Township Manager or by mailing a complaint to the Township offices, to the attention of the Township Manager.**

1. Information about you (the complainant):

- a. Name: _____
- b. Address: _____
- c. City: _____
- d. State: _____
- e. Zip Code: _____
- f. Phone number(s):
 - i. Home: _____
 - ii. Cell: _____

- iii. Work: _____
- g. Email address (if applicable): _____

2. Information about the person, persons, employer, business, landlord, organization, or other entity that you believe discriminated against you (the respondent(s)):
- a. Name: _____
 - b. Address: _____
 - c. City: _____
 - d. State: _____
 - e. Zip Code: _____
 - f. Phone number(s):
 - i. Home: _____
 - ii. Cell: _____
 - iii. Work: _____
 - g. Email address (if applicable): _____

3. This Complaint is related to (check all that apply):

- Employment
 - My employer has four (4) or more employees: Yes ___ No___
- Housing
- Publicly-Offered Commercial Property Transaction
- Public Accommodations

4. The discrimination took place on:

- Earliest Date: _____
- Latest Date: _____

5. This Complaint is based on discrimination due to actual or perceived (check all that apply):

- Race
- Color
- Age
- Religious Creed
- Ancestry
- Sex
- National Origin
- Handicap or Disability
- Use of guide or support animals and/or mechanical aides because of blindness, deafness or physical handicap of the user or, because the user

I hereby verify that the statements contained in this Complaint are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Signature of Complainant: _____

Printed Name: _____

Date: _____

Mail or hand-deliver to:

Cheltenham Township Human Relations Commission
Attention: Township Manager
Cheltenham Township Administration Building
8230 Old York Road
Elkins Park, PA 19027