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: _________________________________________________________

For Township Use Only
Date Complaint Received by Township Manager:
Month: __________ Day: _____ Year: ________
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):
   O Employment
      O My employer has four (4) or more employees: Yes ___ No___
   O Housing
   O Publicly-Offered Commercial Property Transaction
   O Public Accommodations

4. The discrimination took place on:
   O Earliest Date: _________________
   O Latest Date: _________________

5. This Complaint is based on discrimination due to actual or perceived (check all that apply):
   O Race
   O Color
   O Age
   O Religious Creed
   O Ancestry
   O Sex
   O National Origin
   O Handicap or Disability
   O 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
- Sexual Orientation
- Gender Identity
- Gender Expression

6. Discrimination means difference of treatment. Please explain what happened to you and why you believed you were treated differently.
   a. What happened that caused you to conclude you were discriminated against?
   b. Where did the incident or incidents you believe were discriminatory occur?
   c. Who took the action that you believe was discriminatory?
   d. How were you harmed?
   e. Were there any witnesses to what happened to you?
   f. Did you report the alleged discrimination to the person or entity you believe discriminated against you? If so, to whom did you report it, when did you report it, and how did the person or entity respond to your report?

Please give a concise statement of the facts, including any relevant dates, times, locations, people, and a description of the alleged discriminatory act(s) involved. Please use additional pages if necessary, and attached them to this form. Please NUMBER AND INITIAL EACH ADDITIONAL PAGE. If you have any documents, letters, or receipts to support your complaint, please copy them and attach them to this Complaint.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

7. Have you filed a complaint about this matter with any other commission or agency, or with a court?
   - Yes
     If Yes, please indicate:
     - Name of Agency, Commission, or Court: ________________________________
     - Date Filed: ________________________________
     - Docket #: ________________________________
   - No
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