

HRC Case # \_\_\_\_\_

**CONFIDENTIAL**

Please mail or deliver in person in a sealed envelope to:

Human Relations Commission  
 c/o Borough Manager  
 Borough Office  
 59 East High Street  
 Gettysburg, PA 17325

*The Human Relations Ordinance applies to acts of discrimination that occur in the Borough of Gettysburg. Complaints must be received by the Borough Office within 60 days of the event(s) that led to the complaint.*

**COMPLAINT**

<b>Complainant:</b> (Individual filing Complaint)	<b>Respondent:</b> (Person/Entity Complaint is filed against)
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City:</b>	<b>City:</b>
<b>State:</b>	<b>State:</b>
<b>Zip:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Best time to call:</b>	

This Complaint is related to: (check all that are applicable)

☐ Employment: *terms, conditions, and privileges of employment including hiring, promotion, work assignments, and firing*

My Employer has 4 or more employees ☐ Yes ☐ No

☐ **Public Accommodation:** *access to public facilities, such as health care facilities, stores, restaurants, etc.*

☐ **Housing or Commercial Property:** *real estate transactions, such as renting or purchasing commercial or residential property*

The discrimination took place on:

☐ **Earliest Date:** \_\_\_\_\_

☐ **Latest Date:** \_\_\_\_\_

This Complaint is based on discrimination due to : (check all that are applicable)

☐ **Race**

☐ **Color**

☐ **Sex**

☐ **Sex Assigned at Birth**

☐ **Sexual Orientation**

☐ **Gender Identity**

☐ **Gender Expression**

☐ **Gender Transition**

☐ **Transgender**

☐ **Religion**

☐ **Religious Creed or Belief**

☐ **Ancestry**

☐ **National Origin**

☐ **Familial Status**

☐ **Marital Status**

☐ **Veteran Status**

☐ **Mental or Physical Disability or Handicap**

☐ **Use of Service or Assistance Animals or Trainer of Such Service Animals**

**The particulars of this Complaint are as follows:**

**(Particulars of Complaint continued)**

**If there are additional facts you believe should be considered, record them on additional pages, INITIAL EACH ADDITIONAL PAGE, and attach them to this form. If you have any documents, letters or receipts that support your complaint, please copy them and attach them to this Complaint.**

**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 subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsifications to authorities.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Complainant**