Interim Inquiry Form
Human Relations Commission
Newtown Township, Bucks County, Pennsylvania

The Human Relations Commission (HRC) of Newtown Township, Bucks County, Pennsylvania can investigate complaints of discriminatory action involving discrimination in employment, housing and the use of public accommodations based on race, color, gender, religion, ancestry, genetic information, national origin, sexual orientation, gender identity, gender expression, familial status, marital status, age, mental or physical disability, use of guide or support animals and/or mechanical aids or any other basis prohibited by the Pennsylvania Human Relations Act.

You may also have rights and remedies for the alleged unlawful practices under state and federal law. These claims may include claims before the equal employment opportunity commission, the Pennsylvania Human Relations Commission, and/or in federal or state court. Depending on the nature of your claim, each such claim must be made within a certain amount of time in each forum. If you do not bring your claim to the proper forum in the required time, your claim may be dismissed. You are advised to consult with an attorney to determine whether you have any other claims and where and when such claims should be made.

If there are additional facts or documents that you believe will help us to understand what happened to you, please use additional paper and attach them to this form.

1. **Information about you**
   Please print as clearly as possible.

Name: _____

Address: _____

City: _____ State: _____

Phone number: _____

Email address: _____

Date of birth: Month: _____ Day: _____ Year: _____

2. **Information about the person or organization you believe discriminated against you**

   Company or organization name: _____

   Company address: _____

   City: _____ State: _____

   Phone number: _____

   Name and title of individual who you believe discriminated against you:

   _____

3. **Date(s), time(s), and description of what happened**
   Briefly explain the incident(s) that took place.

4. **How do you believe you were discriminated against?**

5. **Are there any witnesses that we would be able to contact?**
   Please provide names and contact information for each witness.

I understand this information will be used by Newtown Township, Bucks County and its employees in order for them to assist me in filing a complaint with the Newtown Township, Bucks County Human Relations Commission.

I understand that this is not a complaint and that I will need to provide additional information on the complaint.

I understand that I will also have the right to file a complaint with the Federal Equal Employment Opportunity Commission or the Pennsylvania Human Relations Commission.

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 P.A.C.S. § 4904, relating to unsworn falsification to authorities.

Signature

Date