

civilrights@attorneygeneral.gov

www.attorneygeneral.gov



Civil Rights Complaint Form

Civil Rights Enforcement Section
14th Floor, Strawberry Square
Harrisburg, PA 17120

717-787-0822

PLEASE NOTE: The Attorney General handles civil rights cases involving a pattern and practice of activity, matters involving a substantial portion of the population or an issue of public importance.

YOU MAY STILL BE REQUIRED TO FILE A COMPLAINT WITH THE PENNSYLVANIA HUMAN RELATIONS COMMISSION (PHRC) TO PRESERVE YOUR INDIVIDUAL RIGHTS IN YOUR CASE. BY LAW, YOU MUST FILE A COMPLAINT WITH PHRC WITHIN 180 DAYS OF THE ACT OF ALLEGED DISCRIMINATION.

Required fields are marked with an asterisk*

Your information:

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Age Group:	
Are you on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Under 18	<input type="checkbox"/> 60-64
		<input type="checkbox"/> 18-34	<input type="checkbox"/> 65 and older
		<input type="checkbox"/> 35-59	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Name*		
Address*			
City*		State*	Zip Code*
		County*	
Daytime Phone Number*	Home Phone Number*	Email Address	
()	()		

If completing this form on behalf of someone else, please complete the following information:

Are they a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Age Group:	
Are they on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Under 18	<input type="checkbox"/> 60-64
		<input type="checkbox"/> 18-34	<input type="checkbox"/> 65 and older
		<input type="checkbox"/> 35-59	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Name*		
Address*			
City*		State*	Zip Code*
		County*	
Daytime Phone Number	Home Phone Number	Email Address	
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Who is the complaint against?

Name of entity or person*		Phone Number: ()	
Mailing Address			
City	State	Zip Code	County
Type of Business		Number of Employees Who Work at the Business Named Above:	

Legal Representation:

Check the applicable boxes on why you feel you were discriminated against (treated differently).

- | | |
|---|--|
| <input type="checkbox"/> Gender | <input type="checkbox"/> Race |
| <input type="checkbox"/> Religious Creed | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> GED (General Equivalency Diploma) |
| <input type="checkbox"/> Family Relations (Children Under 18) | |
| <input type="checkbox"/> Disability - Identify your disability: | |
| <input type="checkbox"/> Age - Indicate Date of Birth: | |
| <input type="checkbox"/> Other: | |

If you believe you were treated differently for a reason which is not listed, explain what you believe to be the reason:	
If Employment related, who in management have you informed of your complaint?	What action was taken?
Do you know of any other individuals who have been treated the same or received similar treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	What happened to these individuals?
Do you have any witnesses to verify or confirm your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain if you have suffered any monetary loss or loss of benefits:	Provide the date(s) of incident(s)
Have you filed a complaint about this matter with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify the agency and the date you filed, to the best of your recollection:	
Have you filed a court action in this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify in what court and the date you filed, to the best of your recollection:	

If you are represented by an attorney, please provide your attorney’s name, address and telephone number:
What do you want to see happen as a result of your complaint?

Complaint Information:*

Please explain your complaint including the details such as date, time and location. Describe the events in the order in which they happened. If your complaint is based on race, include the race of all persons mentioned (including yourself). If it is a gender complaint, supply the general of all persons mentioned, etc.

**PLEASE READ CAREFULLY
THE ATTORNEY GENERAL CANNOT ACT AS YOUR PRIVATE ATTORNEY**

As a law enforcement agency, the primary function of the Attorney General is to represent the public at large by enforcing laws prohibiting acts of discrimination where there is a pattern or practice of unlawful activity. Your complaint does remain on file with our office and the information contained in it may be used to establish future violations of Pennsylvania law or other issues of general public importance

I hereby verify that the information provided is 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. § 4904, relating to unsworn falsification to authorities.

YOUR SIGNATURE

DATE