

# Lancaster City Human Relations Committee Complaint

Date Received: \_\_\_\_\_

Name of **Complainant**: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Name of **Respondent**: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**Alleged Discrimination is based on:**

\_\_\_\_\_ Sexual Orientation

\_\_\_\_\_ Marital Status

Area of Complaint:

\_\_\_\_\_ Education      \_\_\_\_\_ Employment (no hire or termination)

\_\_\_\_\_ Housing      \_\_\_\_\_ Lending      \_\_\_\_\_ Public Accommodation

Name of Alleged Offender:

\_\_\_\_\_

Business or Organization:

\_\_\_\_\_

When did the alleged discrimination occur?

\_\_\_\_\_

Where did the alleged discrimination occur?

\_\_\_\_\_

Any witnesses?    \_\_\_yes    \_\_\_no

Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

