



Whitpain Township Human Relations Commission  
Attn: Eric Traub  
960 Wentz Road  
Blue Bell, PA 19422

## COMPLAINT SUBMISSION FORM

Date of Submission **Submitted Via:** **Mail** **In Person**

**PERSON FILING COMPLAINT:**

Name:

**Mailing Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_

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

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

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

**PERSON(S)/BUSINESS FILING COMPLAINT AGAINST:**

Name:

**Mailing Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

**INCIDENT DESCRIPTION:** please provide a statement of facts that sets forth the particulars, including pertinent dates, times, locations, people, and acts involved constituting the alleged discriminatory practice. (attach additional page(s) as needed)

*Auxiliary aids and services are available upon request to individuals with disabilities.*

**IMPORTANT! THIS NOTICE MAY AFFECT YOUR RIGHTS AND SHOULD BE TRANSLATED IMMEDIATELY! If you need assistance, the Township will interpret this document free of charge.**

Do You Need Assistance? — ¿Necesita Asistencia? Póngase inmediatamente en contacto con la oficina, llamando al número de teléfono que aparece en éste aviso.

Yes

No

**Signature:**

Date:

## **TOWNSHIP USE ONLY**

**Date Complaint Received**

**Date Forwarded to Commission**

**Staff Signature**