

**INSTRUCTIONS ON HOW TO COMPLETE THE PHRC
PUBLIC ACCOMMODATION DISCRIMINATION COMPLAINT**

STEP 1

Caption

A	:	
	:	
Complainant(s)	:	PHRC Case No.
	:	
v.	:	HUD No.
	:	
B	:	
	:	
Respondent(s)	:	

C

- A. Fill in the name of the individual or individuals filing this Complaint
- B. Fill in the name of every person, owner, proprietor, superintendent, agent, or employee of public accommodation, or other entity against whom you are filing the complaint
- C. This section will be completed by the PHRC once the complaint is filed

STEP 2

Section 1: COMPLAINANT(S)

- A. Fill in your name and complete street address
- B. If any other persons are also filing the complaint, fill in their name and complete street address

STEP 3

Section 2: RESPONDENT(S)

- A. Fill in the name of the person, owner, proprietor, superintendent, agent, or employee of public accommodation, or other entity against whom you are filing the complaint and provide their complete street address

- B. If you are filing the complaint against more than one person, owner, proprietor, superintendent, agent, or employee of public accommodation, or other entity, provide the name and address for each one

STEP 4

Section 3: Respondent _____ is a public accommodation which is open to, accepts, or solicits the patronage of the general public.

- A. In the blank space, fill in the name of the entity against whom you are filing the complaint.

STEP 5

Section 4a: Respondent _____ is located at _____.

- A. Check the box if the respondent named in the complaint has a physical location you visited.
B. If you check the box, fill in the address of the physical location you visited.

STEP 6

Section 4b: I visited Respondent _____ on _____.

- A. Only check the box if you visited the respondent's physical location.
B. If you check the box, fill in the name of the respondent whose physical location you visited.
C. If you check the box, fill in the approximate date you visited the named respondent's physical location.

STEP 7

Section 5: Protected Classes

- | | |
|---|---|
| <input type="checkbox"/> Race: | <input type="checkbox"/> Religious Creed: |
| <input type="checkbox"/> Color: | <input type="checkbox"/> National Origin: |
| <input type="checkbox"/> Sex: | <input type="checkbox"/> Ancestry: |
| <input type="checkbox"/> Disability: | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Use of Guide or Support Animal | <input type="checkbox"/> Other (specify): |

- A. Check only the protected class(es) for which you allege discriminatory conduct in this complaint

7. I left Respondent's store and was unable to shop for the things I needed.

7. B. Discriminate in the terms and conditions of services provided because of disability

1. I am an adult who suffers from a physical impairment which substantially limits my ability to walk.
2. I walk with the assistance of a support animal, my dog Rex.
3. On August 1, 2020, I visited Respondent's store located at 123 Main Street, Centertown, PA.
4. As soon as I walked into Respondent's store, the store employee, John Smith, informed me that I was not permitted to enter the store with my support animal.
5. I informed Mr. Smith that I need Rex because of my disability and that Rex assists me with my ability to walk.
6. Mr. Smith continued to refuse to allow me to walk around Respondent's store with Rex.
7. Mr. Smith allowed non-disabled patrons to enter the store and shop.
8. Mr. Smith did not allow me to enter the store and shop for the things I needed.
9. I left Respondent's store and was unable to shop for the things I needed.

STEP 10

Verification

- A. Verify that the statements contained in the Complaint are true and correct to the best of your knowledge, information and belief
- B. Sign your name on the "signature" line
- C. Print your name on the "printed name" line
- D. Put the date you sign the Complaint on the "date" line
- E. If more than one person is filing the complaint, all named complainants must complete the verification