

NAACP HOUSING COMPLAINT FORM
BEAVER COUNTY BRANCH # 2372

OFFICE - The Renaissance Place Rm. #25, 392 Franklin Avenue, Aliquippa, PA 15001
Phone (412)378-6690 Fax (412)378-9976

Date _____ (Office Use Only) Complaint # _____

Name: _____

Address _____

Telephone Number(s): Residence _____ Office/Work _____

1. Type of Alleged discrimination: (check as many that pertain to complaint)

- | | | | |
|----------------------|-------|----------------------|-------|
| 1. Race or Color | _____ | 6. Age | _____ |
| 2. National Origin | _____ | 7. Sex | _____ |
| 3. Sexual Harassment | _____ | 8. Appearance | _____ |
| 4. Religion | _____ | 9. Commercial/Retail | _____ |
| 5. Disability | _____ | 10. Other | _____ |

Are you a member of the NAACP Yes _____ No _____

Are you willing to join the NAACP Yes _____ No _____

2. Were there symbol(s) or action(s) performed that was detrimental, such as: "Cross Burning", "Nazi Swastika", etc. Yes _____ No _____

If yes, Explain _____

3. Location of Incident: _____

4. Date(s) and Time(s) of incidents: _____

5. Nature of Complaint: (Please submit any written materials, data or other documents which you think are relative to your complaint. ONLY send copies of documents, keep your originals. If Necessary attach additional sheets).

6. Has the institution or its representative given you any explanation for the conduct in question?
If so, Please explain.

7. How do you view the explanation given to you by this institution?

8. Name(s), address(es), and phone number(s) of witness(es):

9. Names, addresses and phone numbers of two references:

The following information may assist us in our investigation:

A. Have you filed this complaint with any other Federal, State or Local Government Agency?

Yes _____ No _____

B. Have you contacted the institution about your complaint?

Yes _____ No _____

If yes, what were the results? _____

(Your signature)

NOTARY

Subscribed and sworn to before me at _____

on this _____ Day of _____, 19 _____

(Notary Signature)

(Seal)

You will be asked to attend a fact finding meeting on the first or third Monday of the month at 6:00 p.m.

DO NOT WRITE BELOW THIS LINE FOR NAACP USE ONLY!

Person accepting complaint: _____

Chairman _____ Date recorded: _____

Investigator _____ Date investigated: _____

Comments: _____

Results: _____

PENNSYLVANIA HUMAN RELATIONS COMMISSION

11th Floor State Office Building

300 Liberty Avenue

Pittsburgh, PA 15222-1210

(412) 565-5395 (VOICE)

(412) 565-5711 (TT)

If you believe that you have been the victim of unlawful discrimination in employment, public accommodations, housing, commercial real estate, contracting as an independent contractor regulated by the Bureau of Professional and Occupational Affairs or education because of your race, color, religion, ancestry, age (40 and above), sex, national origin, non-job related handicap or disability, relationship or association with a person with a handicap or disability, possession of a general education development diploma (GED) as compared to a high school diploma, willingness or refusal to participate in abortion or sterilization or familial status (families with children under age 18)...

...you need to contact one of the Pennsylvania Human Relations Commission office to file a complaint of discrimination. (Address and phone numbers listed above).

Employees with affirmative action complaints or concerns should register their grievance with Mrs. Rebecca J. Urban Hill, Affirmative Action Officer, Room 610, Pittsburgh State Office Building, phone number 565-2132, or any of the following:

Dept. of Public Welfare
Bureau of Civil Rights Compliance
Room 521, Health and Welfare Bldg.
P.O. Box 2675
Harrisburg, PA 17105-2675
Phone (717) 787-1126; Network 447-1126
(Within 90 days of incident(s))

Dept. of Public Welfare
Western Field Unit
Civil Rights Compliance Office
Room 701, Pgh. State Office Bldg.
300 Liberty Avenue
Pittsburgh, PA 15222
(412) 565-5028; Network 645-5028
(Within 90 days of incident(s))

PA Human Relations Commission
300 Liberty Avenue
11th Flr. Pittsburgh State Office Bldg.
Pittsburgh, PA 15222
Phone: (412) 565-5395
(Within 180 days of incident(s))

Equal Employment Opportunity Commission
1000 Liberty Avenue, 20th Floor
Pittsburgh, PA 15222
Phone: (412) 644-3444
(Within 300 days of incident(s))

State Civil Service Commission
State Street Building
P.O. Box 569
Harrisburg, PA 17105
Phone: (717) 787-7811
(Within 20 days of incident(s))

Dept. of Health & Human Services
Office of Civil Rights, Region III
P.O. Box 13716
Philadelphia, PA 19101
Phone: (215) 596-1267 TDD: (215) 596-6794
(Within 180 days of incident(s))

Employees with complaints alleging discrimination on the basis of sexual orientation or union membership may only file complaints with the Department of Public Welfare, or the Pennsylvania State Civil Service Commission.

Employees may also feel free to contact me directly regarding discrimination concerns or complaints if they are not satisfied with the internal investigative results. My office is located in Room 611 of the Pittsburgh State Office Building. My phone number is 565-2151. Managers will not retaliate against employees who exercise their right to register allegations of discrimination against their employer.

PHRC is a deferral agency for EEOC: all complaints should first be filed with PHRC.