



# LEHIGH COUNTY HUMAN RELATIONS COMMISSION

## AGENDA September 10, 2024

Introduction and call to order by Frank D. Kane

- Roll call
- Announce meeting is recorded for public record
- Introductions

New Business

- Elect Chair and Vice-Chair
- Citizen's Input on Agenda items
- Discussion of Ordinance 2024-106
- Create systems process for administration of complaints
- Approve interim form for complaint to be placed on website (see four documents attached)

Closing Agenda Items

- Citizen's Input (on Non-Agenda items)
- LCHRC announcements
- Motion to adjourn

## EDUCATION INTAKE QUESTIONNAIRE

### 1. Complainant(s) Contact Information:

Name: \_\_\_\_\_  
Filing on behalf of: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address (Suite, Apt. etc.): \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Cell Phone No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Are you Hispanic?  Yes  No  
What is your National Origin? \_\_\_\_\_

### 2. Respondent(s) Contact Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address (Suite, Apt. etc.): \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

### 3. Protected Class(es) (check all reasons you have been discriminated against and specify the class, e.g., race, African American; sex, female):

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

4. The Pennsylvania county where you were harmed: \_\_\_\_\_

5. Dates of Discrimination: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Continuing?  Yes  No

6. Describe the discriminatory conduct, with specificity, and explain why you feel that you were discriminated against because of your protected class: (e.g., denial of admittance, denial of disability accommodation, retaliation, different terms, and conditions of services provided)

- Based upon the foregoing, I/we allege that the Respondent(s) violated Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- Based upon the foregoing, I/we allege that the Respondent(s) violated Section 4 of the Pennsylvania Fair Educational Opportunities Act, 24 P.S. §§ 5001-5010.
- The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- I/we pray that the Respondent(s) be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.

### VERIFICATION

I hereby verify that the statements above are 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.A. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

## EMPLOYMENT INTAKE QUESTIONNAIRE

**1. Complainant(s) Contact Information:**

Name: \_\_\_\_\_  
 Filing on behalf of: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address (Suite, Apt. etc.) \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_  
 Cell Phone No.: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Are you Hispanic?  Yes  No  
 What is your National Origin? \_\_\_\_\_

**2. Respondent(s) Contact Information:** (person, landlord, owner, housing provider, or other entity against whom you are filing this complaint)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address (Suite, Apt. etc.) \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_

**3. Protected Class(es):** (check all reasons you have been discriminated against and specify the class, e.g., race, African American; sex, female):

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

4. **The Pennsylvania county where you were harmed:** \_\_\_\_\_

5. **Number of Employees Employed by Respondent:**  
 \_\_\_ Fewer than 4 \_\_\_ 4 to 14 \_\_\_ 15 to 20 \_\_\_ 20+

6. **Dates of Discrimination:** Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Continuing?  Yes  No

7. Describe the discriminatory conduct, with specificity, and explain why you feel that you were discriminated against because of your protected class: (e.g., denial of admittance, denial of disability accommodation, retaliation, different terms, and conditions of services provided)

- Based upon the foregoing, I/we allege that the Respondent(s) violated Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- I/we pray that the Respondent(s) be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.

I request that this case be dual-filed with the U.S. Equal Employment Opportunity Commission (EEOC), pursuant to the work-sharing agreement between the PHRC and the EEOC. Based upon the foregoing, I/we allege that the Respondent(s) violated one or more of the following federal statutes: Title VII of the Civil Rights Act of 1964 and/or The Pregnancy Discrimination Act and/or The Equal Pay Act of 1963 and/or The Age Discrimination in Employment Act of 1967 and/or Title 1 of the Americans with Disabilities Act of 1990 and/or Sections 102 and 103 of the Civil Rights Act of 1991 and/or Sections 501 and 505 of the Rehabilitation Act of 1973 and/or The Genetic Information Nondiscrimination Act of 2008.

**VERIFICATION**

I hereby verify that the statements above are 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.A. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**\*PROVIDE A COPY OF YOUR PAYSTUB WHILE WORKING FOR RESPONDENT OR IF YOU WERE DENIED EMPLOYMENT, THE JOB ANNOUNCEMENT THAT YOU RESPONDED TO IN PDF FORMAT AS ONE DOCUMENT WITH THIS QUESTIONNAIRE. ATTACHMENTS NOT IN PDF FORMAT WILL NOT BE ACCEPTED.**

## HOUSING INTAKE QUESTIONNAIRE

### 1. Complainant(s) Contact Information:

Name: \_\_\_\_\_  
Filing on behalf of: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address (Suite, Apt. etc.): \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Cell Phone No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Are you Hispanic?  Yes  No  
What is your National Origin? \_\_\_\_\_

### 2. Respondent(s) Contact Information: (person, landlord, owner, housing provider, or other entity against whom you are filing this complaint)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address (Suite, Apt. etc.): \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

### 3. Protected Class(es): (check all reasons you have been discriminated against and specify the class, e.g., race, African American; sex, female):

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

4. The Pennsylvania county where you were harmed: \_\_\_\_\_

5. I began renting the subject property from Respondent on: \_\_\_\_\_

6. I applied to rent the subject property from Respondent on: \_\_\_\_\_

7. Dates of Discrimination: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Continuing?  Yes  No

8. Describe the discriminatory conduct, with specificity, and explain why you feel that you were discriminated against because of your protected class: (e.g., failure to rent, termination of lease, denial of disability accommodation, retaliation, different terms, and conditions of housing)

- Based upon the foregoing, I/we allege that the Respondent(s) violated Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- I/we pray that the Respondent(s) be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.

I request that this case be dual-filed with the U.S. Department of Housing and Urban Development (HUD), pursuant to the work-sharing agreement between the PHRC and HUD. Based upon the foregoing, I/we allege that the Respondent(s) violated Title VIII of the Civil Rights Act of 1968.

**VERIFICATION**

I hereby verify that the statements above are 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.A. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**\*PROVIDE A COPY OF YOUR LEASE; CONTRACT; OR RENTAL OR SALES ADVERTISEMENT IN PDF FORMAT AS ONE DOCUMENT WITH THIS QUESTIONNAIRE. ATTACHMENTS NOT IN PDF FORMAT WILL NOT BE ACCEPTED.**

## PUBLIC ACCOMMODATION INTAKE QUESTIONNAIRE

### 1. Complainant(s) Contact Information:

Name: \_\_\_\_\_  
Filing on behalf of: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address (Suite, Apt. etc.): \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Cell Phone No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Are you Hispanic?  Yes  No  
What is your National Origin? \_\_\_\_\_

### 2. Respondent(s) Contact Information: (Entity or Place of Public Accommodation against whom you are filing this complaint)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address (Suite, Apt. etc.): \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

### 3. Protected Class(es): (check all reasons you have been discriminated against and specify the class, e.g., race, African American; sex, female):

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

4. The Pennsylvania county where you were harmed: \_\_\_\_\_

5. I visited Respondent on: \_\_\_\_\_

6. Dates of Discrimination: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Continuing?  Yes  No



7. Describe the discriminatory conduct, with specificity, and explain why you feel that you were discriminated against because of your protected class: (e.g., denial of admittance, denial of disability accommodation, retaliation, different terms, and conditions of services provided)

- Based upon the foregoing, I/we allege that the Respondent(s) violated Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- I/we pray that the Respondent(s) be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.

**VERIFICATION**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**\*PROVIDE A COPY OF ANY DOCUMENTATION OR WEBPAGE SHOWING THE EXACT ADDRESS OF THE RESPONDENT THAT DENIED YOU A PUBLIC ACCOMMODATION IN PDF FORMAT**