



City of Scranton
HUMAN RELATIONS COMMISSION
340 N. Washington Avenue
Scranton, PA 18503

**SCRANTON HUMAN RELATIONS COMMISSION
PUBLIC ACCOMMODATIONS DISCRIMINATION QUESTIONNAIRE**

1. YOUR CONTACT INFORMATION

Name _____

Address _____

_____ CITY STATE ZIP CODE

Phone Number (H) _____ (Cell) _____

(Work) _____ May we call you at work? Yes No

E-mail address: _____

Name, address and phone number of a person, who does **NOT** live with you and will know how to contact you.

Name _____ Phone Number _____

Address _____

Street Apt.

_____ City State Zip Code

E-mail address _____

2. AGAINST WHAT BUSINESS, ORGANIZATION OR PERSON DO YOU WANT TO FILE YOUR COMPLAINT?

Name _____

Address in PA _____

Street City State Zip Code

Phone Number _____ E-mail address _____

Type of Business _____

(Example, restaurant, theater, delivery service, state or local government agency, etc.)

The Pennsylvania county where you were harmed: _____

3. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU. Check all that apply.

Write the date(s) you were harmed beside the discriminatory event or action:

- ___ Admission refused _____ Re-admission refused _____
- ___ Eviction (forced to leave) _____ Accused of shoplifting _____
- ___ Different price charged for goods or service _____ Different service _____
- ___ Service denied _____ Privileges revoked _____
- ___ Surveillance (you were followed or watched) _____ Racial profiling _____
- ___ Different terms/condition of contract _____
- ___ Different terms/conditions of sale _____
- ___ Different terms/conditions of service _____
- ___ Different terms/conditions of goods _____
- ___ Harassment (Complete #9 if you were harassed) _____
- ___ Denied access related to disability _____
- ___ Denied reasonable accommodation for a disability _____
- ___ Interpreter denied (American Sign Language or other language) _____
- ___ Discriminatory notice or ad displayed or published _____
- ___ **OTHER, please be specific** _____

PLEASE ATTACH COPIES OF ANY DOCUMENTS SUCH AS AN AD, LETTER, RECEIPT, CONTRACT, ETC. TO BACK UP WHAT YOU ARE SAYING.

4. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, sex, national origin, disability or the use, handling or training of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you feel you were treated differently because of your race and sex, please check both race and sex. **ONLY CHECK THOSE REASONS WHICH EXPLAIN WHY YOU WERE HARMED.** Also, please identify your race, color, religion, national origin or ancestry etc. **if** you were discriminated against based on those factors.

- ___ Male ___ Female ___ Pregnant ___ Race _____ ___ Color _____
- ___ Religion _____ ___ Ancestry _____
- ___ National Origin _____ ___ Use of a guide or support animal for disability (please complete #6)
- ___ Handling or training of a support animal for disability (please complete #6)
- ___ Association with a person of a different race than your own: Your race _____

the other person's race _____ . ___ OTHER _____

___ I have a disability. (please complete #6) ___ The manager, etc. treats me as if I am disabled.

___ I had a disability in the past. (Please complete #6) ___ I have a relationship or association with someone

Who has a disability. (please complete #6).

___ **RETALIATION**

If you believe you were **harmed** because you complained about what you believed to be unlawful discrimination, because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.

Date you filed a complaint with the PA Human Relations Commission _____

If you filed a complaint with another agency, list the agency's name and date of filing: _____

Date you complained about discrimination and person you complained to (name & position) _____

Date you assisted someone in complaining about discrimination _____

5. STATE THE REASONS THE MANAGER, BUSINESS OWNER, ETC. GAVE FOR THE ACTIONS THAT HARMED YOU. _____

Who told you about the reasoning for the action? Include his or her position or title _____

When were you told about the action taken against you? _____
Date(s)

___ If you were given no reason, please check here.

Regarding how you were harmed, please identify a person or persons who were treated better than you. For example, you were charged a different price for items in a department store than other customers, and you are wearing religious garments that identify your religion as different from theirs.

Name of other person(s) – First and Last (if known, say who they were – another shopper or dinner, etc.) _____

How is this person *different* from you? For example, what is his or her race, age, religion, etc? _____

Please explain **exactly** how this person was treated better or differently than you. Include dates. _____

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. which can be investigated, and which directly relates to why you were treated differently than someone else. _____

6. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #4 ABOVE, ANSWER THE FOLLOWING QUESTIONS. (IF NOT, SKIP AND GO TO #7)

What is your disability? _____

How long have you had this disability and when did it start? _____

Do you still have this disability? _____

If yes, how much longer do you expect to have the disability? _____

What major life activities do **you have great difficulty performing** because of your disability (check all that apply) Seeing Hearing Bending Walking Lifting Stooping Turning
 Climbing Running Talking Standing for long periods Sitting for long periods
 Caring for yourself Thinking Concentrating Relating to Others

Other Major Life Activities (**Be specific**) _____

If you have had a disability in the past, when did it start, and what date did it end? _____

If a business owner, manager or employee etc. treats you as if you are disabled: What disability do they think you have? _____

Names and positions of the people who are treating you as disabled: _____

Why do you think that these people think or believe you have a disability? _____

How did the business owner, employee, etc. learn about your disability? _____

On what date did they learn about your disability? _____

Which specific person learned about your disability? (include his or her position or title) _____

If you are related to someone who has a disability, what is your relationship to this person? _____

What is this person's disability? _____

How and on what date did the business owner, manager, etc. learn about this person's disability? _____

Did you ask for an accommodation, modification or assistance? Yes No

IF YES,

(1) To whom did you make your request? _____

(2) On what date was the request made? _____

(3) Please describe the accommodation or modification you requested, and why. _____

Did the business owner, manager, etc. provide requested accommodation or modification? Yes No

If so, on what date? _____

If not, did he or she provide some other accommodation or assistance instead? Yes No

If yes, please explain. _____

Did the owner, manager, etc. deny your request for an accommodation or modification? Yes No

If so, who denied your request? _____

What date was the request denied? _____

What reason was given to you for the denial? _____

7. IF YOU WERE DENIED ACCESS TO A PUBLIC ACCOMMODATION BECAUSE OF A DISABILITY, PLEASE DESCRIBE THE INACCESSIBLE FACILITY OR SERVICE, IN ADDITION TO COMPLETING QUESTION 6.

What service, facility or area was not accessible, and how? (Be as specific as possible, for example: entrance was not accessible because of stairs, doorway/aisles too narrow for wheelchair, medical facility refused to provide ASL interpreter, no accessible parking etc.)

8. IF YOU WERE DENIED ACCESS TO A PUBLIC ACCOMMODATION FOR A REASON OTHER THAN DISABILITY, PLEASE DESCRIBE THE INACCESSIBLE FACILITY OR SERVICE AND HOW IT WAS NOT ACCESSIBLE.

What service, facility or program was not accessible, and how was it inaccessible? (Be as specific as possible, for example: the business owner demanded that I order in English, when a Spanish-speaking employee was available)

9. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #3, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.

Name the person(s) who harassed you: _____

His or her position or title (manager, owner, employee, fellow customer, etc.) _____

When were you harassed: Starting Date _____ Ending Date _____

Is the harassment still continuing? Yes No

How often did the harassment occur? As well as possible, please indicate *date, month and year* of each incident and how often the harassing actions occurred.

One time only Once a day _____ Several times daily _____

Multiple times/week _____ Multiple times/month _____

Please provide two or three examples of the harassment you experienced. _____

Did you consider any of the above acts of harassment to be especially severe and/or offensive? Yes No

To whom did you complain? Name _____ Position/Title _____

What date did you complain? _____

Did the harassment stop after you complained about it? Yes No

If it ended, on what date did it stop? _____

After you complained, were any other actions taken against you? (for example – eviction, denied service etc.)

Yes No

What were the actions? _____

On what dates did they occur? _____

Who took the action against you? Name _____ Position/Title _____

Did this person know that you complained about the harassment? Yes No

10. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed: _____

Date of Filing _____ Inquiry or Complaint # _____

11. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT

