

**TOWN OF BLOOMSBURG  
HUMAN RELATIONS COMMISSION**

Please contact the Town Manager at (570) 784-7123 Ext. 123 if you need assistance with completing this form. All forms are to be submitted to the Town of Bloomsburg located at 301 E. Second Street, Bloomsburg, PA 17815 or submitted via e-mail to: [info@bloomsburgpa.org](mailto:info@bloomsburgpa.org).

**SECTION 1. COMPLAINANT(S) (person(s) experiencing the discriminations)**

**NAME(S)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE  
NUMBER** \_\_\_\_\_

**SECTION 2. RESPONDENT(S) (person, landlord, owner or other entity against whom you are filing this complaint)**

**NAME(S) OR OTHER ENTITY(IES)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**SECTION 3.**

If this complaint is related to education, you must file directly with the **State Human Relations Commission within 180 days of the incident**. Please speak with the Bloomsburg Human Relations Commission regarding the next steps. Do not continue completing this form.

**SECTION 4. PROTECTED CLASS(ES) (Check all reasons you have been discriminated against).**

- |  |   |
|--|---|
| <input type="checkbox"/> Access to public accommodations | <input type="checkbox"/> Age*   |
| <input type="checkbox"/> Employment                      | <input type="checkbox"/> Ancestry*                                    |
| <input type="checkbox"/> Gender identity/ expression     | <input type="checkbox"/> Color*                                       |
| <input type="checkbox"/> Genetic information             | <input type="checkbox"/> Familial status*                             |
| <input type="checkbox"/> Housing                         | <input type="checkbox"/> Mental/ physical disability*                 |
| <input type="checkbox"/> Marital status                  | <input type="checkbox"/> National origin*                             |
| <input type="checkbox"/> Sexual orientation              | <input type="checkbox"/> Race*  |
| <input type="checkbox"/> Veteran status                  | <input type="checkbox"/> Religion*                                    |
|  | <input type="checkbox"/> Sex*   |
|  | <input type="checkbox"/> Use of guide/Support animal/ Mechanical aid* |

\*Items marked above need to be filed directly with the State Human Relations Commission within 180 days of the incident.

**SECTION 5. DATES OF DISCRIMINATION**

**Is the discrimination ongoing?**

**Yes: Beginning date:** \_\_\_\_\_

**No: Beginning date:** \_\_\_\_\_

**Ending date:** \_\_\_\_\_



## VERIFICATION

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant Signature

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

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**For office use only**

Date application received: \_\_\_\_\_

Staff name who received the form: \_\_\_\_\_

Date sent to the Commission: \_\_\_\_\_

Name of legal guardian that accompanied a minor (if applicable): \_\_\_\_\_