

## **HOW TO FILE A COMPLAINT WITH THE LOWER GWYNEDD TOWNSHIP HUMAN RELATIONS COMMISSION**

Last revised: 7/29/2023

You have the right to file a Complaint with the Lower Gwynedd Human Relations Commission (“LGHRC”) if you believe you have been subjected to discrimination. The Complaint must be filed within 180 days of when the alleged act of discrimination occurred.

**COMPLAINT CRITERIA:** The Lower Gwynedd Township Human Relations Ordinance prohibits discrimination which may include any exclusion, denial, intimidation, coercion, difference, or segregation in treatment based on a person’s protected class.

What is Prohibited Discrimination?

- Housing
- Commercial Property
- Employment
- Public Accommodation

On the Basis of:

- Race
- Color
- National Origin
- Immigration Status
- Ancestry
- Religion
- Creed
- Age
- Sex
- Sexual Orientation
- Gender Identity
- Gender Expression
- Veterans Status
- Marital Status
- Familial Status
- Genetic Information
- Handicap or Disability
- Use of an assistance animal

**FILING A COMPLAINT:** Please use the attached form to file a Complaint:

**QUESTIONS:** please direct any questions to the LGHRC at 215-646-5302

**LOWER GWYNEDD TOWNSHIP HUMAN RELATIONS COMMISSION**

1130 N Bethlehem Pike  
Spring House, PA 19477  
(215) 646-5302

**COMPLAINT**

Under Section One of the Lower Gwynedd Township Code, Section 610.1

LGHRC Case no. \_\_\_\_\_

Dated received by LGHRC \_\_\_\_\_

1. Complainant (individual who is filing a Complaint):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone / Type: \_\_\_\_\_

Phone / Type: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

E-Mail: \_\_\_\_\_

2. Respondent (Person / Entity Complaint is Filed Against):

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

3. I, the Complainant, believe that I was discriminated against by the Respondent.

A. This Complaint is related to (circle all applicable):

Housing  
Commercial Property  
Employment  
Public Accommodation

B. The discrimination took place on:

Earliest Date: \_\_\_\_\_

Latest Date: \_\_\_\_\_

C. This Complaint is based on discrimination due to (circle all applicable):

Race  
Color  
National Origin  
Immigration Status  
Ancestry  
Religion  
Creed  
Age  
Sex  
Sexual Orientation  
Gender Identity  
Gender Expression  
Veterans Status  
Marital Status  
Familial Status  
Genetic Information  
Handicap or Disability  
Use of an assistance animal

4. The particulars of this Complaint are as follows (attached additional pages if necessary):  
If you have any documents, letters, or receipts that support your Complaint, please attach a copy to this Complaint.

**VERIFICATION**

I hereby verify that the statements contained in this Complaint are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsifications to authorities.

Date: \_\_\_\_\_

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

Hand deliver in a sealed envelope to:

Lower Gwynedd Township Human Relations Commission  
1130 N Bethlehem Pike  
Spring House, PA 19477  
(215) 646-5302  
Attention: Township Manager

All Complainants will be mailed a date-stamped copy of their complaint within five (5) business days.