pennsylvania
HUMAN RELATIONS COMMISSION

PENNSYLVANIA HUMAN RELATIONS COMMISSION
EDUCATION DISCRIMINATION QUESTIONNAIRE

1. YOUR CONTACT INFORMATION (Student and parent or guardian*)

Student Name & Birthdate _____
Date of Birth

Address _____
Street Apt.

_____
City State Zip Code

Phone Number: (H) _____ (Cell) _____

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

E-mail address: _____

Parent or Guardian Name _____
(*if filing on behalf of minor student)

Address _____
Street Apt.

_____
City State Zip Code

Phone Number: (H) _____ (Cell) _____

(W) _____ 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 SCHOOL OR INSTITUTION ARE FILING YOUR COMPLAINT? (preschool, k-12 school, college, university, trade or technical school, etc.)

School/institution Name _____

Address in PA _____ PA _____
Street City State Zip Code

Phone Number _____ E-mail address _____

Type of school (preschool, K-12, college, university, trade or technical school, etc.)

_____

Name & title of top school official(s) (principal, superintendent, college president, etc.)

_____

_____

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 denied _____ ☐ Re-admission denied _____

☐ Expulsion _____ ☐ Suspension _____

☐ Privilege denied _____ ☐ Other discipline _____

☐ Inappropriate placement (in gifted or special education) _____

☐ Inappropriate grades _____ ☐ Other different treatment _____

☐ Harassment _____
(Please complete #9 if you were harassed.)

☐ Denied access related to a disability _____

☐ Denied reasonable accommodation for a disability _____

☐ Denied reasonable accommodation for religion _____

☐ **OTHER**, please be specific**:** _____

***PLEASE ATTACH COPIES OF ANY DOCUMENTS SUCH AS A REPORT CARD, NOTICE, LETTER, 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 believe you were treated differently because of your race and sex, please check off 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 (country in which you were born) _____

☐ Association with a person of a different race than your own:

Your race _____ the other person's race _____

☐ Use of a guide or support animal for disability (please complete #6)

☐ Handling or training of a support animal for disability (please complete #6)

☐ Other (please specify) _____

☐ I have a disability. (please complete #6) ☐ The teacher, 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(s) you complained about discrimination to a teacher, administrator or other school official and that person's name and title:

_____

_____

Date(s) you assisted someone in complaining about discrimination

_____

5. STATE THE REASONS THE TEACHER, ADMINISTRATOR, ETC. GAVE FOR THE ACTIONS THAT HARMED YOU. _____

_____

_____

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

_____

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 suspended for the same offense committed by students of a different race or gender and they were punished less harshly.*

Name of other person(s) - First and Last _____

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 TO #8)

What is your disability? _____

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

Do you still have this disability? ☐ yes ☐ no

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 teacher, school employee, etc. treats you as if you are disabled: What disability do they think or believe you have? _____

Who are the people that are treating you as disabled (names and positions)?

_____

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

How did the teacher, school 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 school staff or faculty learn about this person's disability?

Did you ask for an accommodation 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 assistance you requested, and why.

Did the school provide the requested accommodation or assistance?

☐ yes ☐ no

If so, on what date? _____

If not, were you provided with some other accommodation or assistance instead? ☐ yes ☐ no

If yes, please explain. _____

Did the school deny your request for an accommodation or assistance?

☐ 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 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, assistive device, alternate format for visual disability or sign language interpreter refused, no accessible parking, etc.*)

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

What service, facility or program was not accessible, and how? *(Be as specific as possible, for example: participation in xx program denied because of your sex.)*

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 (teacher, school employee, fellow student, 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 If so, please explain why.

Did the harassment have a negative or harmful effect on you or your health? If so, please explain:

Did you complain to anyone about the harassment? ☐ Yes ☐ No

To whom did you complain?

Name Position or 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 – lower grades, increased discipline, etc.) ☐ Yes ☐ No

What were the actions?

On what dates did they occur?

Who took the action against you?

Name Position or title

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

10. IF YOU WERE DENIED AN ACCOMMODATION FOR RELIGION, PLEASE DESCRIBE THE ACCOMMODATION REQUESTED, THE DATE DENIED, AND THE REASON GIVEN FOR DENIAL.

11. 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 number

12. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOU OR ANYONE ELSE). IF SO, PLEASE SPECIFY THE COURT AND THE DATE FILED, TO THE BEST OF YOUR MEMORY.

☐ Yes ☐ No _____

Court City County State Date filed

13. 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 number

14. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE YOUR ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT.)

YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.

☐ *I hereby verify that the statements contained in this form 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. Section 4904, relating to unsworn falsification to authorities.*

Signature _____

Date _____

IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES TO DESCRIBE WHAT HAPPENED TO YOU.

_____

_____

_____

_____

_____

_____

_____

_____