



Unified Judicial System of Pennsylvania
Non-Discrimination & Equal Employment Opportunity Complaint Form

Complainant Information (Person Filing the Complaint)

Name	<i>Last Name</i>		<i>First Name</i>		<i>Middle Initial</i>
	<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
Address	<i>Home Phone</i>		<i>Work Phone</i>		<i>Email</i>
	<i>Job Title</i>		<i>Court/County</i>		
Phone	<input type="checkbox"/> Personnel of the System	<input type="checkbox"/> Related Staff	<input type="checkbox"/> Court User	<input type="checkbox"/> Other	
	<i>If you checked "other", please specify:</i>				

Respondent Information (Person Complained Against)

<i>Name</i>	<i>Job Title</i>	<i>Organization / Unit</i>
<i>Name</i>	<i>Job Title</i>	<i>Organization / Unit</i>
<i>Name</i>	<i>Job Title</i>	<i>Organization / Unit</i>

Basis of Complaint (Check applicable box or boxes):

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> Retaliation
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Description of Complaint

Describe in detail the alleged harassment or discrimination including the date and location of incident(s) if known. Attach additional pages if necessary.



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Description of Complaint (con't)

Remedy Complainant is Seeking

Signature

Complainant Signature:

Date:

Please refer to the applicable *Policy on Non-Discrimination & Equal Employment Opportunity Complaint Procedures* for submission of this form.