



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

**Complainant Information** *(Person Filing the Complaint)*

<b>Name</b>	<i>Last Name</i>		<i>First Name</i>		<i>MI</i>
	<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<b>Address</b>	<i>Home Phone</i>		<i>Work Phone</i>		<i>Email</i>
	<i>Job Title</i>			<i>Court/County</i>	
<b>Phone/ Email</b>	Personnel of the System		Related Staff		Court User
	Other				

*If you checked "other", please specify:*

**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)*

Race	Color	Sex	Sexual Orientation	Gender Identity or Expression	National Origin	Age	Disability	Religion	Retaliation
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**Description of Complaint**

*Describe in detail the alleged harassment or discrimination including the date and location of the 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.**