



Upper Gwynedd Township Human Relations Commission

The Board of Commissioners passed an Ordinance to provide for the creation of the Upper Gwynedd Township Human Relations Commission. If you live or work in Upper Gwynedd Township and feel you have been discriminated against based on being a part of any protected class established by the Ordinance, you can contact the Township's Human Relations Commission by calling **215-699-7777** or sending an email to szadell@uppergwynedd.org. A member of the Human Relations Commission will contact you to discuss your concern, determine whether you are a member of a protected class, and process your complaint.

The complaint form asks for:

- ❖ Your name, address, telephone number, and email (if applicable)
- ❖ The name, address, telephone number, and email (if applicable) of the person(s) you are alleging has committed the discriminatory act
- ❖ A concise statement of the facts, including dates, times, and a description of the alleged discriminatory act(s).

Return the complaint form to the Upper Gwynedd Township Administration Office, 1 Parkside Place, North Wales, PA 19454, clearly marked to the attention of the Human Relations Commission. All complaints **must be received within one hundred eighty (180) days of the last act giving rise to the complaint or you will lose any right to pursue your claim.**

A member of the Human Relations Commission will contact you to arrange a time to meet at the Township Building and further discuss the matter. The person who receives your complaint will be nonjudgmental. **All the information you provide will remain confidential.** He or she will determine if more information is needed and inform you of the procedure once a formal complaint has been filed.

If both parties consent, the Upper Gwynedd Township Human Relations Commission will conduct mediation between the parties involved.

The members of the Human Relations Commission will strive to resolve all issues fairly and amicably, with the sincere hope that the work of this Commission will help Township residents live together in mutual respect and dignity.



Human Relations Complaint Form

Complainant's information

Name(s): _____

Address: _____

Phone: _____

Email: _____

Alleged person(s) committing act

Name(s): _____

Address: _____

Phone: _____

Email: _____

Concise statement of the facts, including dates, times, and a description of the alleged discriminatory act(s).

Complainant's Signature: _____ Date: _____

OFFICE USE ONLY

Time Stamp: _____ Received by: _____ Sent to HRC: _____