



Discrimination Complaint Form

Please use this form to file a discrimination complaint regarding DEP authorizations, services, programs, or activities.

To submit this complaint, please send this completed form by mail or email to:

DEP Non-Discrimination Coordinator

RA-EPNonDiscrim@pa.gov

Rachel Carson State Office Building, 400 Market Street, 16th floor, Harrisburg, PA 17105

Your Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Complaint Information

DEP service, program, or activity name(s): _____

DEP personnel involved name(s), if known: _____

DEP personnel involved position(s), if known: _____

Location(s): _____

Date(s): _____

Are the circumstances of your complaint ongoing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discrimination complaint filed because of:	<input type="checkbox"/> Race/Color* <input type="checkbox"/> Sex <input type="checkbox"/> Disability** <input type="checkbox"/> National Origin (including Limited English Proficiency)* <input type="checkbox"/> Religion <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Age <input type="checkbox"/> Gender Identity/Expression <input type="checkbox"/> Retaliation

**specific to Title VI of the Civil Rights Act or Executive Order 2016-04*

***specific to the Americans with Disability Act, Section 504 of the Rehabilitation Act, or Executive Order 2016-04*

Please provide a detailed narrative of your complaint. State the facts as briefly and clearly as possible. Note the DEP authorization, service, program, or activity involved with your complaint. Provide all relevant dates and names of DEP personnel involved, if known. Please describe any events in the order in which they occurred.

You are welcome to attach additional written materials that support your complaint. Please do not send original materials as they cannot be returned to you. If the complaint concerns dissatisfaction with a previous complaint or investigation, please explain what action or omission was unacceptable.

Complaints should be typewritten or clearly printed in black or blue ink. If additional space is needed please continue on additional 8½ x 11” pages.

Please identify the action(s) you seek to resolve your complaint. What outcome do you seek from DEP by filing this complaint?

Complaint Filing Information

Have you filed any other claims regarding this complaint with another governmental agency, at the local, state, or federal level?

Yes No

If yes, what agency(ies)?

Have you retained a lawyer to represent you in addressing the claims made in this complaint?

Yes No

If yes, what is the name of your attorney?

Have you instituted any lawsuit or court proceeding in addressing the claims made in this complaint?

Yes No

If yes, what legal forum or court?

DISCLAIMERS

- Submission of this DEP Discrimination Complaint Form **ONLY** initiates investigation by DEP of alleged discrimination by the agency. Submission **DOES NOT** file a complaint with the United States Environmental Protection Agency (EPA), nor an appeal with the Environmental Hearing Board or any other agency, investigative body, or judicial tribunal.
- **IMPORTANT RIGHTS ARE AT STAKE, AND DEADLINES MAY APPLY – YOU SHOULD CONSULT WITH AN ATTORNEY.**
- To file a Title VI complaint with the EPA, [please visit their website](#) or contact them by email at Title_VI_Complaints@epa.gov.
- To file an internal employment-related discrimination complaint as a Commonwealth employee, [please visit the Office of Administration's website](#) or call 717-783-1130.
- To file an environmental complaint, [please visit the Department of Environmental Protection's website](#) or call 866-255-5158.
- To file an appeal to the Environmental Hearing Board, [please visit their website](#) or call 717-787-3483.
- Pennsylvania's Right to Know Law (RTKL) provides that records of an agency relating to a non-criminal investigation, including complaints submitted to an agency, are exempt from disclosure. A person with a direct interest in the record that is subject of an appeal before the Pennsylvania Office of Open Records will receive notice and have an opportunity to participate in the appeal. See 65 P.S. §67.1101(c).

Complaint Affirmation

I affirm that the information provided in this form is true and complete to the best of my knowledge, information, and belief, and that I am the person who witnessed or has first-hand knowledge of the alleged discrimination. I further recognize that I am on notice of the fact that this information will be relied upon by a public official to perform official functions. I further affirm that I am aware that any intentionally false statements that are made in this complaint are punishable under the Pennsylvania Crimes Code related to unsworn falsification to authorities (18 Pa.C.S.A. § 4904).

Your Name (Printed) _____

Your Signature _____

Date _____

Assistance Confirmation

Complete this section only if you received assistance to fill out the form

I relied on assistance to complete this form. I have made, or have received assistance, in making my mark in lieu of my signature.

Mark of Complainant _____

Name of Witness _____

Address of Witness _____

Signature of Witness _____

Date _____

Please contact DEP with any questions about this form by email at RA-EPNonDiscrim@pa.gov or by phone at (717) 787-0880.