**IN THE ERIE COUNTY HUMAN RELATIONS COMMISSION**

 **) Docket No.**

 **)**

 **Complainant and Plaintiff )**

 **)**

 **v. )**

 **)**

 **)**

 **)**

 **Respondent and Defendant )**

**NOTICE TO DEFEND**

A Complaint has been filed against you before the Erie County Human Relations Commission. If you wish to defend against the claims set forth in the Complaint attached hereto, you must take action within thirty (30) days of the service of the Complaint by filing with the Commission a written, verified Answer. A verified Answer is made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities). Your Answer must be so drawn as to fully and completely advise the other parties and the Commission as to the nature of all defenses and objections, must admit or deny specifically each averment of fact in the Complaint (unless you state that after reasonable investigation you are without knowledge or information sufficient to form a belief as to the truth of the averment), and must state clearly and concisely state the facts and matters of law relied upon.

At the same time you file your Answer with the Commission, you must serve a copy of the Answer on each named complainant and on the complainant’s attorney of record, if there is one.

You are warned that if you fail to file an Answer, the case may proceed without you and the Commission may enter a decision against you without further notice. You may lose rights which are important to you. If you are unable to file an Answer within the time period set forth above, you may file with the Commission a written motion requesting an extension of time. For good cause shown, the Commission may grant you an extension of not more than thirty days in which to file your Answer.

Although you are not required to retain an attorney, you are advised that if you want legal representation you should take this Notice and the Complaint to an attorney at once. If you have any questions about this Notice, you may go to or phone the office set forth below for further information.

**Erie County Human Relations Commission**

**140 W. 6th St.**

**Erie, PA 16501**

**Telephone: (814) 451-7064**

**Facsimile: (814) 451-7066**

**IN THE ERIE COUNTY HUMAN RELATIONS COMMISSION**

 **) Docket No.**

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 **Complainant and Plaintiff )**

 **YOUR NAME HERE )**

 **v. )**

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 **Respondent and Defendant )**

 **NAME OF RESPONDENT/ENTITY**

**TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You are hereby notified to file a

Written response to the enclosed

Complaint within thirty (30) days

from service hereof or A judgment

may be entered against you.

**Complaint**

**JURISDICTION**

1. Jurisdiction is pursuant to the Erie County Human Relations Commission Ordinance No. 45-2018, Article V, Section D and Article VI, Section A.

**PARTIES**

1. The Complainant herein is:

Name:

Address:

1. The Respondent herein is:

Name:

Address:

**UNDERLYING FACTS**

**PLEASE PLACE FACTS OF YOUR CASE HERE. PLEASE NUMBER EACH PARAGRAPH SO AS TO ALLOW FOR THE RESPONDENT/DEFENDANT TO RESPOND ACCORDINGLY.**

**ADD IN YOUR COUNTS HERE**

**Discrimination, Conditions of Employment – Place in here as to discrimination, employment, sexual harassment etc.**

**ONCE MORE NUMBER THE PARAGRAPHS AND STATE THE FACTORS FOR THE ALLEGATION(s) BELOW.**

 Paragraphs 1 through \_\_\_\_\_ above are incorporated herein by reference as though set forth at length. BEGIN YOUR PARAGRAPHING FROM THIS POINT

 (PLEASE ENSURE THAT THESE PARAGRAPHS ARE INCLUDED IN YOUR COMPLAINT)

 Based on the foregoing, Complainant alleges that the Respondent violated the Erie County Human Relations Commission Ordinance No. 45-2018, Article VIII.

 Complainant avers that the allegations in the foregoing paragraphs hereof constitute an unlawful discriminatory practice and are in violation of Erie County Human Relations Commission Ordinance No. 45-2018.

 Complainant prays that Respondent be required to provide all appropriate remedies under Article VI, Section L of the Erie County Human Relations Commission Ordinance No. 45-2018 and to provide such further relief as the Commission deems necessary and appropriate.

**COUNT \_\_\_**

 **IF YOU HAVE ADDITIONAL COUNTS PLACE HERE. PLEASE CONTINUE THE PARAGRAPHING AND IF ADDITONAL COUNTS ARE REQEUIRED, PLEASE BEGIN WITH COUNT 3 AND CONTINUE PARAGRAPHING.**

ONCE MORE ENSURE THESE PARAGPHS BELOW ARE INCLUDED WITHIN THIS COUNT AS ABOVE.

 Based on the foregoing, Complainant alleges that the Respondent violated the Erie County Human Relations Commission Ordinance No. 45-2018, Article VIII.

 Complainant avers that the allegations in the foregoing paragraphs hereof constitute an unlawful discriminatory practice and are in violation of Erie County Human Relations Commission Ordinance No. 45-2018.

 Complainant prays that Respondent be required to provide all appropriate remedies under Article VI, Section L of the Erie County Human Relations Commission Ordinance and to provide such further relief as the Commission deems necessary and appropriate.

**IN THE ERIE COUNTY HUMAN RELATIONS COMMISSION**

 **) Docket No.**

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 **Complainant and Plaintiff )**

 **Place your name here )**

 **v. )**

 **)**

 **)**

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 **Respondent and Defendant**

 **Place name of person/entity here**

**Verification**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, hereby verify that the statements contained in this complaint 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. § 4904, relating to unsworn falsification to authorities.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Your address here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, ZIP Code

Your address here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number

 Your phone here

**IN THE ERIE COUNTY HUMAN RELATIONS COMMISSION**

 **) Docket No.**

 **)**

 **Complainant and Plaintiff )**

 **Your name here )**

 **v. )**

 **)**

 **)**

 **)**

 **Respondent and Defendant )**

 Name of person/entity

**Certificate of Service**

 I hereby certify that on the \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, a true and correct copy of the within Complaint was served on all parties of record in this proceeding in accordance with the requirements of 1 Pa. Code 33.31 (relating to service by an agency) by certified United States mail, return receipt requested, postage prepaid.

 By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your name here

**IN THE ERIE COUNTY HUMAN RELATIONS COMMISSION**

 **) Docket No. 19-201-E**

 **)**

 **Complainant and Plaintiff )**

 **)**

 **v. )**

 **)**

 **)**

 **)**

 **Respondent and Defendant )**

**NOTICE OF APPEARANCE**

Please enter my appearance in the above captioned matter on behalf of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am authorized to accept service on behalf of said participant in the above captioned matter. On the basis of this notice, I request a copy of each document hereafter issued to my client by the Erie County Human Relations Commission in this matter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, & ZIP CODE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER

**IN THE ERIE COUNTY HUMAN RELATIONS COMMISSION**

 **NAME HERE ) Docket No.**

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 **Complainant and Plaintiff )**

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 **NAME OF PERSON/ENTITY )**

 **)**

 **Respondent and Defendant )**

**NOTICE TO COMPLAINANT**

The Erie County Human Relations Commission’s Ordinance requires that the respondent (the person or entity the complaint is filed against) file a written answer within 30 days of the complaint. The Commission may grant a 30-day extension if the respondent submits a written request and sets forth good reasons for the request.

In addition, the respondent must serve a copy of the answer on each named complainant (that’s you) and on the complainant’s attorney of record, if there is one.

If the respondent fails to file an answer within the time limits set forth above, or files an insufficient answer, the Commission staff may file a petition for a rule to show cause with the Commission. This may result in a decision in your favor. The respondent will be given an opportunity to explain why it failed to file an answer, or why its answer is legally sufficient, and the Commission will decide the appropriate action to take.