*Emergy*Care Discrimination Complaint Form

1. Name (Last, First M)*

2. Home Address (Street, City, State, Zip Code

3. Primary Phone Number

4. Email

5. Preferred method of contact ◯ Mail ◯ Phone ◯ Email Other

6. Best time to reach you*

7. Do you have a representative ◯ yes ◯ No

8. Is your representative an attorney? ◯ Yes ◯ No

9. Representative's Name

10. Firm's Name if Applicable

11. Representative's/Firm Address

12. Representative's phone number

13. Representative's Email

14. Please provide the most recent date of alleged discrimination

15. Provide the location and address where the discrimination occurred

16. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known)

17. Please explain what happened to you? (Please include dates of each allegation)

18. It is a violation of the law to discriminate against you based on the following: race, color, national origin/language, disability, sex, age, or religion. I believe I was discriminated against based on:

Please circle which applies: race color national origin/language disability sex age religion

19. Please explain how you would like to see this complaint resolved?

Date (M/D/YYYY By signing , I certify I am the one submitting this document

Submit this form by mail to: Compliance Officer EmergyCare, 1926 Peach Street Erie, PA 16502-2872

Submit this form by email to: Compliance@emergycare.org