

# **LGBT History Project of the LGBT Center of Central PA**

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## **Documents Online**

**Title:** Community Affairs Community Proposal for handling Discrimination Complaints

**Date:** September 17, 1977

**Location:** LGBT-001 Joseph W. Burns Collection

**Contact:**

LGBT History Project  
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COMMUNITY AFFAIRS COMMITTEE

September 17, 1976

The Community Affairs Committee has been charged with responsibility for developing a procedure for handling complaints of discrimination from the sexual minorities community. The following is a proposed procedure for such a program. Please send any comments to Marilyn Hewitt by September 24th.

Complaint Officer

One Council member shall serve as the Complaint Officer, and shall receive, refer, and keep records on all complaints that are filed.

Filing Complaints

1. Persons wishing to file complaints with the Council may call, (717) 234-0328 (Gay Switchboard of Harrisburg) or write to:

Complaint Center  
Pennsylvania Council for Sexual Minorities  
238 Main Capitol Bldg.  
Harrisburg, Pa. 17120

Complaints received at the Gay Switchboard will be recorded on a Complaint Recording Form and forwarded to the Complaint Officer. Complaint letters received at the Governor's Office will be forwarded to the Complaint Officer.

Individual Council members who receive complaints may refer complainants to the Complaint Officer, or may handle the complaint themselves. In these cases, a complete written report should be submitted to the Complaint Officer for Council records.

2. Upon receipt of a complaint, the Complaint Officer shall send written acknowledgement to the complainant, along with the Complaint of Discrimination form. The complainant shall be instructed to complete the form and return it to the Governor's Office address as above.

3. Upon receipt of the completed Complaint of Discrimination form, the Complaint Officer shall document receipt of same in a letter to the respondent, with copies to the complainant, and other appropriate parties.

Referral of Complaints

Complaints under the jurisdiction of the Council (concerning state employment

or services shall be forwarded by the Complaint Officer to the convener of the appropriate committee, for action.

Complaints not under the jurisdiction of the Council shall be handled by the Complaint Officer in contact with the Complainant. The complainant will be referred to any agencies, organizations, or individuals who may be of assistance in the matter.

Reporting

For complaints under the jurisdiction of the Council, the committee handling the complaint shall file written reports to the Complaint Officer. These should include progress reports as appropriate and a final report describing the disposition of the case.

For complaints not under the jurisdiction of the Council, the Complaint Officer shall file a written report describing the action taken, and any further correspondence in regard to the complaint.

The Complaint Officer shall submit an annual report to the Chairperson of the Council.

Respectfully submitted,

Community Affairs Committee  
Marilyn Hewitt

MAH/sgc

PENNSYLVANIA COUNCIL FOR SEXUAL MINORITIES

Complaint Recording Form

Date \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Address of Complainant \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Name of Respondent \_\_\_\_\_

Address of Respondent \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

NATURE OF COMPLAINT

The alleged discrimination occurred on or about \_\_\_\_\_  
Date

Description of alleged discrimination:

Name of volunteer recording complaint \_\_\_\_\_

PENNSYLVANIA COUNCIL FOR SEXUAL MINORITIES

COMPLAINT OF DISCRIMINATION

Fill in this form as completely as possible. The Complainant(s) is the person(s) making the complaint. The Respondent(s) is the person(s), company, organization, etc., against whom the complaint is being made.

PLEASE TYPE OR PRINT LEGIBLY. Use extra sheets if necessary.

1. Complainant(s)

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

2. Respondent(s)

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

3. Date of alleged discrimination \_\_\_\_\_

4. Do you wish this to be an anonymous complaint? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if Yes, no formal action will be taken by the Council)

5. Describe the nature of the complaint (Using as much space as you need):

Signature of Complainant \_\_\_\_\_

Date \_\_\_\_\_

PENNSYLVANIA COUNCIL FOR SEXUAL MINORITIES

Complaint Center  
238 Main Capitol Bldg.  
Harrisburg, Pa. 17120

Dear \_\_\_\_\_,

Your complaint has been received by the Pennsylvania Council for Sexual Minorities. Enclosed is a Complaint of Discrimination form which must be filed in order for the Council to act on your complaint. Please complete this form and send it to:

Complaint Center  
Pa. Council for Sexual Minorities  
238 Main Capitol Bldg.  
Harrisburg, Pa. 17120

In order for the Council to take action on your complaint, you must be willing to make yourself known by name to those handling the complaint, and to those against whom the complaint is being made. However, if you wish to make an anonymous complaint purely for statistical use by the council, you may indicate so under #4 on the form. If you choose this option, no formal action will be taken by the Council on your complaint. Your name will not be disclosed, and your complaint will be used only for statistical purposes.

Sincerely,

Complaint Officer