City of Dallas | Office of Housing & Community Empowerment Fair Housing Division

REPORT HOUSING DISCRIMINATION

FORM INSTRUCTIONS

Where to mail, email, or fax your claim form.

We'll review your information and contact you as soon as possible.
City of Dallas - Fair Housing Division
1500 Marilla St., Room 1BS
Dallas, TX 75201
Email: fairhousing@dallas.gov
Telephone: (214) 670-FAIR (3247)
Fax: (214) 670-0665
TTY: (214) 670-6936

QUESTION 1

Why do you believe someone discriminated against you, someone you live with, or someone you sought to live with?

Choose at least one reason. You can choose more than one. Answer is required.

- ☐ Race
- ☐ Color
- ☐ Religion
- ☐ National origin (including limited English proficiency)
- ☐ Sex
- ☐ Familial status (this includes children under 18 years old pregnancy or seeking legal custody)
- ☐ Because of, or as a direct result of, you or someone in your household being a survivor of domestic violence, dating violence, sexual assault, or stalking (such as for having a criminal record, eviction history, or bad credit history), or because you believe another housing right under the Violence Against Women Act (VAWA) was violated (for example, your landlord did not provide an emergency transfer, you were penalized for calling 9-1-1 or seeking emergency services).
- ☐ Retaliation
- ☐ Disability
- ☐ Other reason (explain below)

QUESTION 2

Who discriminated against you?

Provide as much information as you have available. We won't contact them before speaking with you. Answer is required.

First Name (or business name):

Last Name:

Relationship to you *(e.g., landlord, lender, real estate agent)*:

Address:

Business Name or Job Title:

Phone Number 1: Phone Number 2:

Email Address:

Location *(for example, name of residential rental or sales property, public entity, business, or bank)*:

Street Address: Apt. or Unit:

City: State: ZIP:

QUESTION 3

Where did the discrimination happen?

Provide the name and address of the building, apartment complex, or other location where the discrimination occurred. Provide as much information as you have available. Answer is required.

Location *(for example, name of residential rental or sales property, public entity, business, or bank)*:

Street Address: Apt. or Unit:

City: State: ZIP:

QUESTION 4

When did the discrimination happen?

If it happened multiple times or is still happening, provide the last date you experienced discrimination. Answer is required.

Last Date of Discrimination:

Is the alleged discrimination continuing or ongoing or is the alleged discrimination still happening?

☐ Yes ☐ No

QUESTION 5

What happened?

Briefly describe what happened. Be as specific as possible. Answer is required.

QUESTION 6

How can we contact you?

We'll need to contact you after we review your information. We won't release any of your personal information to the person whom you identified as discriminating against you before notifying them of a formal complaint. Answer is required.

Your name and contact information. *Answer is required.*

First Name:	Last Name:
Phone Number:	Mobile Number:
Email Address(es):	Preferred Contact: ☐ Phone ☐ Email ☐ Other:_____
Best time to call: ☐ Morning ☐ Afternoon	Preferred Language(s):
Street Address:	Apt. or Unit:
City: State:	ZIP:

Your mailing address. *Answer is required.*

Street Address:	Apt. or Unit:
City: State:	ZIP:

Second Point of Contact. *Answer is required.*

First Name:	Last Name:
Phone Number:	Email Address:

Relationship to you. *Answer is optional.*

☐ Family member or friend
☐ Fair housing advocate or representative
☐ Attorney
☐ Other:_____