

## HOUSING DISCRIMINATION COMPLAINT

**Date:** \_\_\_\_\_  
**Inquiry Number:** \_\_\_\_\_  
**Case Number:** \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Time to Call:  Day  
(Enter 999-999-9999, including dashes)  Evening

Who else can we call if we cannot reach you? (Enter telephone numbers as 999-999-9999, including dashes, for example, 214-999-1234)

1 Contact's Name: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Evening Phone No: \_\_\_\_\_

2 Contact's Name: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Evening Phone No: \_\_\_\_\_

Enter complaint information.

**1. What** happened to you? How were you discriminated against? For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing? State briefly what happened.

**Why** do you believe you are being discriminated against?

It is a violation of the law to deny you your housing rights for any of the following factors:

- race - color - religion - sex - national origin - familial status (families with children under 18) – disability, sexual orientation.

For example: were you denied housing **because of** your race? Were you denied a mortgage loan **because of** your religion? Or turned down for an apartment **because** you have children? Were you harassed because you assisted someone in obtaining their fair housing rights? Briefly explain why you think your housing rights were denied **because of** any the factors listed above.

**N O T E: THE FAIR HOUSING OFFICE WILL FURNISH A COPY OF THIS COMPLAINT TO THE PERSON OR ORGANIZATION AGAINST WHOM IT IS FILED.**

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**2. Who** do you believe discriminated against you? Was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Where** did the alleged act of discrimination occur? Provide the address. For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home? Did it occur at a bank or other lending institution?

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**When** did the last act of discrimination occur?

Enter the date: \_\_\_\_\_ (mm/dd/yyyy)

Is the alleged discrimination continuous or on going?  Yes  No

Please sign and date this form:

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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