HOUSING DISCRIMINATION COMPLAINT

Date: ____________________________
Inquiry Number: ____________________________
Case Number: ____________________________

Your Name: ________________________________________________________________
Your Address: ________________________________________________________________
City: __________________ State: __________ Zip Code: __________________

Use the TAB key to move forward through the fields, You can also use the SHIFT + TAB key to move backwards. DO NOT use the ENTER key.

Daytime Phone: __________________ Evening Phone: __________________ Time to Call: ____________
(Enter 999-999-9999, Including dashes)

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. 1 Contact's Name: ____________________ Daytime Phone No: ______________
Best time to call: ____________________ Evening Phone No: ______________

2. 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.

    __________________________________________________________

2. **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:
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.

    __________________________________________________________

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

    Name: ______________________________________________________
    Address: ___________________________________________________

NOTE: 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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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? ________________ (Select Yes or 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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