

**Fair Housing
Complaint Form**

Date: _____

Name of Complainant: _____

Address: _____

Email: _____

Phone Number: _____

Who else can we contact if we cannot reach you?

1. Contact Name: _____

Address: _____

Phone Number: _____

2. Contact Name: _____

Address: _____

Phone Number: _____

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 it was? Treated differently from others seeking housing? State briefly what happened.

2. **Why** do you believe you are being discriminated against? It is 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 the age of 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 who you think your housing rights were denied because of any of the factors listed above.

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

4. **Where** did the alleged act of discrimination occur? Provide the address. For example: Was it 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, and Zip code)

5. **When** did the last act of discrimination occur? Enter the date (mm/dd/yyyy)

Note: The complaint must be filed no later than one hundred eight (180) days after the alleged discriminatory housing practice occurred.