

Fair Housing Complaint Form

Please enter your information below:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Email: _____

Date Problem Occurred: _____

Against whom is the complaint being filed?

First Name: _____ Last Name: _____

Organization the person is affiliated with: _____

Check the box or boxes which describe(s) the party named above:

- Builder Owner Broker Salesperson Manager Banker or Other Lender
 Other: _____

What did the person do? Please check all that apply.

- Refused to rent, sell, or deal with you
 Discriminated in the conditions or terms of sale, rental occupancy, or other services
 Falsely denied that housing was available
 Advertised in a discriminatory way
 Discriminated in financing
 Discriminated in broker's services
 Intimidated, interfered, or coerced you in order to keep you from renting or buying the apartment or home of your choice, in the area of your choice.
 Other: _____

Which of the reasons below do you believe were a reason for the discrimination? Please check all that apply.

- Race or color Religion Sex or gender Disability National Origin
 Presence of children and/or presence of a pregnant female in family
 Other: _____

What kind of house or property was involved?

- Single family house
- A house or building for 2, 3, or 4 families (duplex, triplex, quadplex)
- A building for 5 or more families (apartment)
- Vacant land for residential use
- Other: _____

Were you interested in (Please select one) Buying the property **or** Renting the property?

What is the address of the property?

Address: _____
City: _____ State: _____ Zip Code: _____
County: _____

In your own words, summarize below what happened. Please include names, dates, and times, if possible.

By signing below, I hereby swear that I have fully read and understood this form. To the best of my knowledge, the information contained on this form is true and correct.

Signature

Date