

Housing Complaint Form

Background Information

Please fill in each field to the best of your ability and submit to the CHRC.

1. Your full name and address:

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Name: <input style="width: 90%;" type="text"/>
Street Address:			<input style="width: 95%;" type="text"/>
City:		<input style="width: 60%;" type="text"/>	State: <input style="width: 30%;" type="text"/>
Zip Code:			<input style="width: 40%;" type="text"/>
Phone:			<input style="width: 90%;" type="text"/>
Email:			<input style="width: 90%;" type="text"/>

2. The following person always knows where to contact you:

Name:	<input style="width: 85%;" type="text"/>		
Relationship to You:	<input style="width: 90%;" type="text"/>		
Street Address:	<input style="width: 95%;" type="text"/>		
City:	<input style="width: 60%;" type="text"/>	State:	<input style="width: 30%;" type="text"/>
Zip Code:	<input style="width: 60%;" type="text"/>		
Phone:	<input style="width: 85%;" type="text"/>		

3. Do you believe you have been discriminated against because of your: (select all that apply)

<input type="checkbox"/> Race/Color <input type="checkbox"/> Religion <input type="checkbox"/> National Origin/Ancstry <input type="checkbox"/> Sex (<input type="checkbox"/> Male <input type="checkbox"/> Female) <input type="checkbox"/> Age (Date of Birth <input style="width: 50px;" type="text"/>) <input type="checkbox"/> Blindness* <input type="checkbox"/> Corrected Vision*	<input type="checkbox"/> Handicap (Name of handicap) <input style="width: 90%;" type="text"/> <input type="checkbox"/> Familial Status (presence of children under age 18). Their dates of birth: <input style="width: 90%;" type="text"/> <input type="checkbox"/> Pregnant female
---	---

4. If you, or a member of your household, has a disability does it substantially limit?

2

Yes No

Is there a record of such impairment?

Yes No

Are you or a member of your household only regarded as having such an impairment?

Yes No

List the names and dates of birth of those in your household whom you believe to be harmed because of this alleged act of discrimination:

1) Who do you wish to file your complaint against?

Name of Person or Firm:	<input type="text"/>		
Title:	<input type="text"/>		
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>		
Phone:	<input type="text"/>		

2) If you know, state that person's:

1) Race/Color:	<input type="text"/>
2) Religion:	<input type="text"/>
3) National Origin/Ancestry:	<input type="text"/>
4) Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
5) Age:	<input type="text"/>

3) Did the person named know of your race, sex, age... etc.?

Yes No

How did they know?

4) What was the date of the alleged discriminatory act?

Month Day Year

5) Is the discriminatory act of a continuing nature?

Yes No

If yes, when did it begin?

Month Day Year

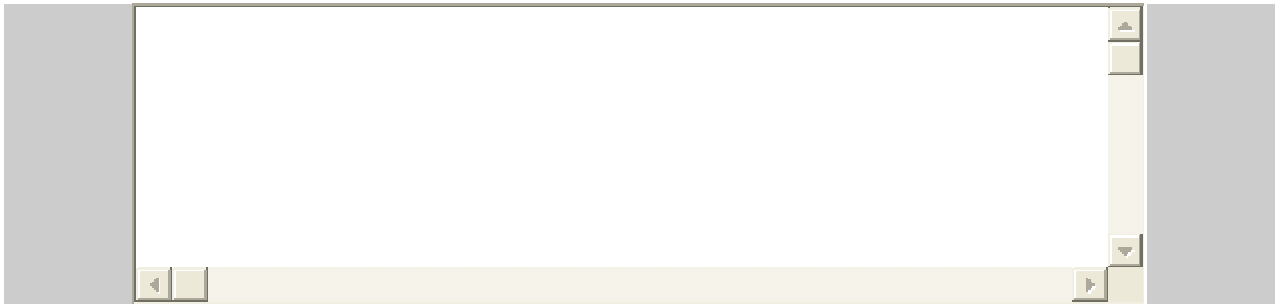
6) Is the party named in the complaint a (an) (select those that apply):

- Broker
- Real Estate Agent
- Building Superintendent
- Manager
- Rental Agent
- Bank or other Loan Agency
- Neighbor
- Maintenance Personnel
- Other (specify)

7) If you named an individual in the complaint and you know that she/he was acting for a company in this matter, fill in the following information:

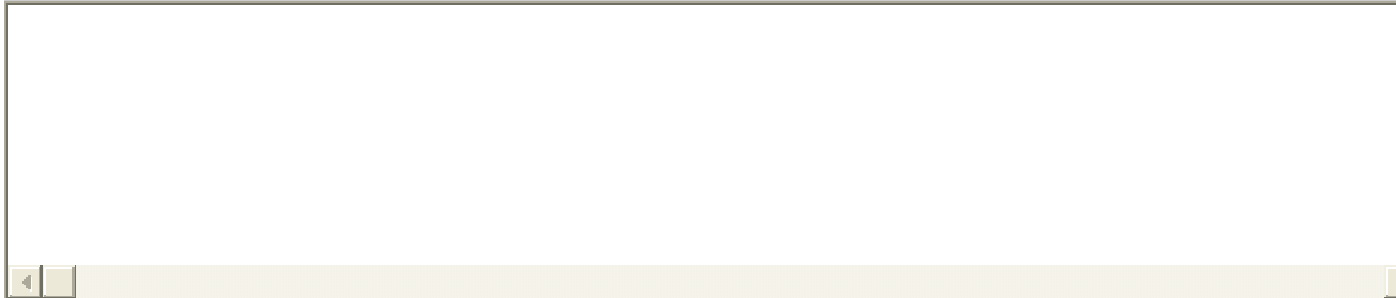
Name of Company		
Address		
City		
State		
Zip Code		
Phone#		

8) Name and identify any other person, organization, etc. you believe should be named in this complaint. Give reason:

A large, empty rectangular text input field with a light gray border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, indicating it is designed for multi-line text entry.

9) Select the kind of unit or property involved:

- Single Family House
- Mobile Home
- Mobile Home Park (Lot)
- House or Building for 2, 3, or 4 Families
- Building for 5 Families or more (including apartment)
- Other (specify, including vacant land)

A large, empty rectangular text input field with a light gray border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, indicating it is designed for multi-line text entry.

10) Does the owner live in the building?

- Yes
- No

11) How many units does the building have?

--	--

12) If you know, how many other buildings or properties does the owner/manager own or manage?

--	--

13) Is the unit for sale or rent?



For Sale



For Rent

14) What is the name and address of this property/unit involved? Give name of subdivision or apartment complex if applicable.

Name		
Street Address		
Apt. #		
City		
State		
Zip Code		

15) What did the person or firm against whom you are complaining do? Select one.

- Direct you to all white, integrated or predominately black area.
- Refuse to rent, sell or deal with you.
- Discriminate in the conditions or the terms of sale, rental or occupancy.
- Advertise in a discriminatory way verbally.
- Advertise in a discriminatory way in writing.
- Falsely deny housing was available.
- Engage in panic peddling.
- Discriminate in financing.
- Discriminate in broker services.
- Evict from premises.
- Intimidate, interfere or coerce you to keep you from the full benefit of the Federal Housing Law.
- Refuse to accommodate.
- Other (specify):

16) If the complaint is about refusing to accommodate a disability please state:

Date of request

The request was made: in writing verbally

Who did you ask? Name

Address

Their response to your request?

17. If you know, list the name(s), race/color, sex, age, religion, familial status, and national origin/ancestry of the person(s) you believe received more favorable treatment than you:

Name	<input type="text"/>	Basis	<input type="text"/>
Name	<input type="text"/>	Basis	<input type="text"/>
Name	<input type="text"/>	Basis	<input type="text"/>
Name	<input type="text"/>	Basis	<input type="text"/>
Name	<input type="text"/>	Basis	<input type="text"/>

18. List the names of any witnesses who have had first hand information about this particular problem:

Name	<input type="text"/>
Title	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Phone	<input type="text"/>

19. How did you first learn that this unit/house was for sale/rent? Please describe and give dates and names of individuals:

20. Have you found another unit/house?

Yes

No

When/Where?

21. Are you still interested in this unit/house?

Yes

No

22. State the following about this property in question:

Purchase price/monthly rental	\$	<input type="text"/>
Down payment/Deposit	\$	<input type="text"/>
Date of occupancy or projected date		<input type="text"/>

23. If you have not moved into the property in question, state the following about the property in which you presently live:

Mortgage payment /monthly rental	\$	<input type="text"/>
Down payment/Deposit	\$	<input type="text"/>
Date of occupancy or projected date		<input type="text"/>

24. List the monetary damages you believe you have suffered because of the alleged act of discrimination:

25. To settle your complaint, what do you want?

26. Please describe the events in this complaint. Be brief but specific and factual.

