Housing Discrimination Intake Form Instructions

Instructions: Please read this form carefully and answer all questions. Write N/A in the space provided if a question does not apply to you. Questions marked with an asterisk (*) are a must fill. Failure to answer all questions can delay the processing of your inquiry. This form must be printed, signed, and dated. Failure to sign and date the form can also delay the processing of your inquiry.

Please mail the completed form to: Texas Workforce Commission
Civil Rights Division
1117 Trinity Street, Rm. 144-T
Austin, Texas 78701
ATTN: Housing Unit

Form begins on next page.

Housing Discrimination Intake Form

***1. Name:** ***Daytime Phone:**

Address (Must be a physical address not a Post Office Box)

***Street** ***City** ***County** ***State** ***ZIP Code**

2. Who else can we call if we cannot reach you?

Name: **Phone:**

***3. Who discriminated against you? (Landlord, Owner, Bank, Realtor, Property Management Company, Apartment Complex etc.)**

***Name of Individual** ***Phone** ***Name of Organization**

Address:

***Street** ***City** ***County** ***State** ***ZIP Code**

***4. Where did the alleged act of discrimination occur?**

***Street** ***City** ***County** ***State** ***ZIP Code**

***5. State briefly what happened to you. You must include the date of the act you believe to be discriminatory and the names of all persons involved.**

***6. Why do you believe you are being discriminated against? (Check all that apply):**

☐ Race ☐ Religion ☐ Color ☐ Sex ☐ National Origin ☐ Disability ☐ Familial Status

7. Please submit the following information for any and all witness with first hand knowledge of the alleged harm.

Name: **Daytime Phone:**

Street **City** **County** **State** **ZIP Code**

Name: **Daytime Phone:**

Street **City** **County** **State** **ZIP Code**

Name: **Daytime Phone:**

Street **City** **County** **State** **ZIP Code**

Name: **Daytime Phone:**

Street **City** **County** **State** **ZIP Code**

***Signature** ***Date**

An individual may receive and review information that TWC collects regarding that individual by sending an e-mail to open.records@twc.state.tx.us or writing to TWC Open Records Section, 101 East 15th Street, Room 266, Austin, Texas 78778-0001.

05628-007(0805)