Housing Discrimination Complaint

Texas Workforce Commission Civil Rights Division

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. Failure to answer all questions or failure to sign and date the form will delay the processing of your inquiry.

If you have filed a complaint with HUD (U.S. Department of Housing and Urban Development) we will not be able to take the same complaint. If the property is located within the cities of Austin, Fort Worth, Corpus Christi, Dallas, or Garland we will not be able to take a complaint and you will need to contact the local Fair Housing office. All dates of harm must be within one year of the date of filing.

Date Received

Please mail the completed form to: How did you hear about us?

Texas Workforce Commission Civil Rights Division Attn: Intake Investigator 101 15 th St, Rm 144-T Austin, TX 78778-0001	☐ Internet ☐ Housing Provider ☐ Walk-in ☐ TV/Radio ☐ Other:	(for office use only):		
Or email the completed form to:				
housingcomplaint@twc.state.tx.us				
Complainant Information:				
Name: Address:				
County:				
Phone:				
Email:				
Names of others aggrieved: (Spouse, Children, Roommates, etc.)				
Name:				
Relationship:				
Name:				
Relationship:				
Name:				
Relationship:				
Who can we contact if we cannot reach you?				
Name:	-			
Phone:				

Who allegedly discriminated against you? (List all you believe discriminated against you; Owner, Landlord, Bank, Realtor, Property Management Company, Apartment complex, etc.)

Name	
(Respondent 1):	
Title:	
Organization:	
Physical	
Address:	
Mailing	
Address:	
County:	
Phone:	
Email:	
Name	
(Respondent 2):	
Title:	
Organization:	
Physical	
Address:	
Mailing	
Address:	
County:	
Phone:	
Email:	
When did the alleged disc Date(s):	erimination occur? (List all dates)
Where did the alleged dis	crimination occur?
	T
Address:	
Address: County:	
County:	ed discriminatory act that occurred:
County:	ed discriminatory act that occurred:
County:	ed discriminatory act that occurred:
County:	ed discriminatory act that occurred:
County:	ed discriminatory act that occurred:
County:	ed discriminatory act that occurred:
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County:	ed discriminatory act that occurred:
County:	ed discriminatory act that occurred:
County:	ed discriminatory act that occurred:

Explain why you believe your protected class was/is a factor in the alleged discriminatory act:				
Why do you believe you a	re being discriminated agains	st? (Mark only the basis you are filing		
under)				
Race:		National Origin:		
White		Anglo/Caucasian		
Black/African America	n	African American		
Asian/Pacific Islander		Hispanic		
American Indian/Alaskan		East Indian		
Other:		Other:		
Disability:		Religion:		
Physically Disabled		Baptist		
Mentally Disabled		Catholic		
Both		Jewish		
		☐Muslim		
		Other:		
Sex:		Color:(Based on skin color)		
Male		White		
Female		□ Black		
		Brown		
		Other		
Familial Status:				
Children under the age				
Legal custody of children		_		
	of children under the age of 18	3		
Retaliation:				
	plaint of Fair Housing discriming			
I participated in an investigation of Fair Housing discrimination				
I assisted another in fili	ng a complaint of Fair Housing	discrimination		
Do you have any witnesse	s that have firsthand knowled	lge of the alleged harm?		
Name:				
Address:				
Phone:	E	Email:		
Name:				

Address:	
Phone:	Email:
Name:	
Address:	
Phone:	Email:
Signature:	
Date:	

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