



# Housing Discrimination Inquiry Form

## Complainant Information:

Name:	
Address:	
City, State	
County:	
Phone:	
Email:	
Date of Birth	

## List names, relationships and dates of birth of other aggrieved parties: (Spouse, Children, Roommates, etc.)

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## 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. Add their name, title, physical address, mailing address, county, phone numbers and email addresses)

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**How did you hear about us?**

- Internet
- Housing Provider
- Walk-in
- TV/Radio
- Other:

**Are you a veteran?**

- Yes
- No