

# HOUSING DISCRIMINATION COMPLAINT

1. YOUR NAME AND ADDRESS <i>(Number and street or rural route, city or P.O., State and Zip Code)</i>	2. YOUR TELEPHONE NUMBERS <i>(Including area codes)</i> A. HOME  B. WORK
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3. WHOM IS THE COMPLAINT AGAINST *(Check applicable box)*

<input type="checkbox"/> BUILDER	<input type="checkbox"/> BROKER	<input type="checkbox"/> LENDER	<input type="checkbox"/> OTHER <i>(Specify)</i>
<input type="checkbox"/> OWNER	<input type="checkbox"/> SALESPERSON	<input type="checkbox"/> APPRAISER	

4. NAME AND ADDRESS OF PERSON CHECKED IN ITEM 3	5. TELEPHONE NUMBER OF PERSON CHECKED IN ITEM 3 <i>(Including Area Code)</i>
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6A. WAS THE INDIVIDUAL ACTING FOR A COMPANY <i>(If "YES," complete Item 6B)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	6B. NAME AND ADDRESS OF COMPANY
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7. SUMMARIZE YOUR COMPLAINT *(Give a brief description of the person, event or action, including names, dates, and places continuing on reverse, if necessary)*

8. WHY DO YOU BELIEVE YOU WERE DISCRIMINATED AGAINST? *(Race, religion, national origin, sex, marital status, handicap, familial status, receipt of public assistance, other)*

9A. SIGNATURE	9B. DATE
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