

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	
3. WHOM IS THE COMPLAINT AGAINST <i>(Check applicable box)</i> <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>	
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	
7. SUMMARIZE YOUR COMPLAINT <i>(Give a brief description of the person, event or action, including names, dates, and places continuing on reverse, if necessary)</i>			
8. WHY DO YOU BELIEVE YOU WERE DISCRIMINATED AGAINST? <i>(Race, religion, national origin, sex, marital status, handicap, familial status, receipt of public assistance, other)</i>			
9A. SIGNATURE			9B. DATE