

**Pike County
Housing Discrimination Complaint Form**

Date: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ Time to Call: _____

Complaint Information:

1) What happened to you? How were you discriminated against? For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing? Please state briefly what happened.

Why do you believe you are being discriminated against?

It is a violation of the law to deny you or your housing rights for any of the following factors:

Race, color, religion, sex, national origin, familial status (families with children under 18) disability, sexual orientation.

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children? Were you harassed because you assisted someone in obtaining their fair housing rights? Briefly explain why you think your rights were denied because of any the factors listed above.

2) Who do you believe discriminated against you? Was it a landlord, owner, bank, real estate agent, broker, company, or organization? (note: Pike County Fair Housing office will furnish a copy of this complaint to the person or organization against whom it is filed.)

Name: _____

Address: _____

3) Where did the alleged act of discrimination occur? Provide the address. For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A mobile home? Did it occur at a bank or other lending institution?

Address: _____

City: _____ State: _____ Zip Code: _____

When did the last act of discrimination occur?

Enter the date: _____ Is the alleged discrimination continuous or ongoing? Yes or No _____

Please sign and date this form:

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.



Signature

Date

COMPLAINT WILL BE RESPONDED TO WITHIN 15 WORKING DAYS FROM THE DATE OF COMPLAINANT'S SIGNATURE.

OFFICE USE ONLY

Type of Complaint: _____

Date copy was mailed to whom it was filed against _____

Action Taken:

Follow up date: _____

Staff Member's Initials: _____ **Title:** _____ **Date:** _____