

HOUSING DISCRIMINATION COMPLAINT FORM

Instructions: (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. If you need help filling out this form, please call and leave a message on _____. Your form should be signed and dated.

Name of Complainant: _____

Current Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone Number(s): _____ Email Address: _____

Name of contact person, if someone is assisting the Complainant: _____

Mailing Address: _____

Phone: (_____) _____ Email: _____

1. What happened to you?

How were you discriminated against? For example, were you denied housing because of your religion? Were you denied a mortgage loan because of your race? Were you turned down for an apartment because you have young children?

2. Do you believe your discrimination is based on any of the following? Please circle all that you believe apply:

Housing discrimination based on the following categories is illegal under federal and state law.

<input type="checkbox"/> Race	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Source of Income - Status as a person who is recipient of federal, state or public assistance or who is a tenant receiving federal, state or local housing subsidies including rental assistance or rental supplement
<input type="checkbox"/> Color	<input type="checkbox"/> Marital status	
<input type="checkbox"/> Religious creed	<input type="checkbox"/> Family status (families with children under 18)	
<input type="checkbox"/> National origin	<input type="checkbox"/> Veteran status or membership in the armed forces of the United States	
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	
<input type="checkbox"/> Age		
<input type="checkbox"/> Genetic information		
<input type="checkbox"/> Disability		

3. Whom do you believe discriminated against you?

For example, is the person a landlord, owner, bank, real estate agent, broker, company, public official, or organization? Identify whom you believe discriminated against you.

Name: _____

Position, if known: _____

Address: _____

4. Where did the alleged act of discrimination occur?

For example, was it at a rental unit? Single-family home? Public or assisted housing? A bank or other lending institution? Newspaper advertisement?

Please provide the full address:

5. When did the most recent act of discrimination occur? Date: _____ Is the alleged discrimination continuing or ongoing? No ____ Yes _____ If yes, explain briefly:

6. Have you filed your complaint with a federal, state or local anti-discrimination agency such as Massachusetts Commission Against Discrimination (MCAD), and within one year for the United States Department of Housing and Urban Development (HUD)? No _____ Yes _____

If yes, please describe:

7. Have you filed your complaint about this with any federal or state court? If so, please describe.

Signature of Complainant

Date

Please return this form via email to: Jeffery King, Bedford's Fair Housing Officer:
jmking@bedfordma.gov