

Housing Discrimination Information Form

If you believe your rights have been violated, the local fair housing agency or HUD or a State agency is ready to help you file a complaint.

You have one year from the date of the alleged act of discrimination to file your complaint.

After your information is received, we will contact you to discuss the concerns you raise.

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. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated. **Use reverse side of this page if you need more space to respond.**

Name:	Best time to call:	Your Daytime Phone No:
Address:		Evening Phone No:
City:	State:	Zip Code:
Who else can we call if we cannot reach you?		
1. Contact's Name:		Daytime Phone No.

Best time to call:		Evening Phone No.
2. Contact's Name:		Daytime Phone No.

Best time to call:		Evening Phone No.

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

2. Why do you believe you are being discriminated against?

It is a violation of the law to deny you your housing rights for any of the following factors: 1) race, 2) color, 3) religion, 4) sex, 5) national origin, 6) familial status (families with children under 18) and 7) disability.

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 housing rights were denied because of any of the factors listed above.

3. Who do you believe discriminated against you? Was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Name:

Address:

4. 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:

5. When did the last act of discrimination occur? Enter the date ____/____/____
Is the alleged discrimination continuous or on going?

Yes

No

Signature:

Date:

X

Send this form to the
City Administrator
City of Fremont
400 E. Military
Fremont, NE 68025

or

HUD at Fair Housing Enforcement Center
U.S. Department of HUD
Gateway Tower II
400 State Avenue, Room 200
Kansas City, KS 66101-2406

or

Equal Opportunity Commission
1313 Farnam on the Mall,
3rd Floor, Ste 4
Omaha, NE 68102-1836