

Housing Discrimination Information Form

Crawford County Planning

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.

Personal Contract Information

Your First Name

Your Last Name

Your Address

City

State

Zip Code

Best time to call

Daytime Phone No.

Evening Phone No.

Who else can we call if we cannot reach you?

Contact's Name

Best Time to call

Daytime Phone No.

Evening Phone No.

Contact's Name

Best Time to call

Daytime Phone No.

Evening Phone No.

1 What happened to you?

How were you discriminated against? State briefly what happened?

2 What happened to you?

How were you discriminated against? State briefly what happened?

Is it because of your...race, color, religion, sex, national origin, familial status (families with children under 18), disability?

3 Who do you believe discriminated against you?

Identify who you believe discriminated against you.

4 Where did the alleged act of discrimination occur?

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? Provide the address below.

The discrimination occurred...

Address

City

State

Zip Code

5 When did the last act of discrimination occur?

Enter the date

____/____/____

Is the alleged discrimination
continuing or ongoing?

Yes ☐

No ☐

Signature

Date