

CITY OF TALLAHASSEE FAIR HOUSING COMPLAINT FORM

FOR OFFICE USE ONLY:

In the City limits: ___yes ___no

Referred by: _____ Complaint received by: Phone In Person

***PLEASE PRINT

1. Name: _____ Today's Date: _____

2. Address: _____

3. Home phone: _____ Business phone: _____

4. Date of Problem: _____

5. Against whom is this complaint being filed? (last name, first name, middle initial)

Name: _____

Address: _____

City: _____

6. Check the applicable box or boxes which describe(s) the party named above

Builder Owner Broker Salesperson Supt. or Manager

Bank or Other Lender Insurance Agent Other

8. If you named an individual above who appeared to be acting for a company in this case, check this box and write the name and address of the company in this space:

9. Name and identify others (if any) you believe violated the law in this case

10. What did the person you are complaining about do? Check (✓) all that apply

- Refuse to rent, sell, or deal with you
- Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities
- Falsely deny housing was available
- Advertise in a discriminatory way
- Get you to sell your house for less than you wanted by saying that pricing were falling due to minorities moving in the neighborhood and then reselling the house for more.
- Discriminate in financing
- Discriminate in broker's services
- Intimidated, interfered, or coerced you to keep you from renting or buying the apartment or home of your choice, or in the area of your choice
- Other (explain)

11. Do you believe that you were discriminated against because of your race, color, religion, sex, disability, the presence of children under 18, or a pregnant female in the family, or your national origin? Check (✓) all that apply:

- | | | | | |
|---|--|-------------------------------------|--|--|
| <input type="checkbox"/> Race or Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Sex | <input type="checkbox"/> Handicap | <input type="checkbox"/> Familial Status |
| <input type="checkbox"/> Black | (specify) | <input type="checkbox"/> male | <input type="checkbox"/> physical | <input type="checkbox"/> presence of children under 18 |
| <input type="checkbox"/> White | _____ | <input type="checkbox"/> female | <input type="checkbox"/> mental | in the family |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> pregnant female |
-
- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> National Origin | | |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian or Pacific Islander | or Alaskan Native | (specify) _____ |

12. What kind of house or property was involved?

- Single-family house
- A house or building for 2, 3, or 4 families
- A building for 5 families or more
- Other, including vacant land held for residential use (explain)

13. Did or does the owner live there? Yes No Don't know

14. Is the house or property: being sold or being rented?

15. What is the address of the house or property? (Street, city, county, state and zip code)

16. Summarize in your own words what happened. Please include names, dates and the times, if you can. Use additional paper if necessary.

I hereby swear that that I have read this complaint (and attachments, if any) and it is true and correct to the best of my knowledge.

Signature of Complainant

Date: _____