



**NASSAU COUNTY COMMISSION ON HUMAN RIGHTS**

240 Old Country Road, Suite 606, Mineola, New York 11501

Telephone Number (516) 571-3662 • Fax Number (516) 571-1422



**HOUSING COMPLAINT**

**DATE:**

***This form is confidential and for informational purposes only. It is not a verified complaint.***

Please answer all questions and return this form to our office. Failure to complete the form may cause delays in processing your complaint.

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Family Status, check one

Married  Single  Separated  Divorced  Widowed  Other, explain \_\_\_\_\_

Number in Family, total \_\_\_\_\_ Number of Adults \_\_\_\_\_

Number of children in family, total \_\_\_\_\_ Number of male children \_\_\_\_\_

Ages \_\_\_\_\_ Number of female children \_\_\_\_\_ Ages \_\_\_\_\_

Any person in immediate family including yourself with a disability?  Yes  No

If yes, describe Disability and to whom it applies. \_\_\_\_\_

Race: \_\_\_\_\_

**CONTACT PERSON:** The name of someone who will always be able to contact you, preferably, someone who does not live in the same address as you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_



**WHO DISCRIMINATED AGAINST YOU?**

- Landlord    Rental Agent    Real Estate Agent    Housing Developer
- Housing Owner    Governmental Agency    Builder    Other

Specify: \_\_\_\_\_

**HOUSING TYPE**

- Single Family    Two Family, Owner Resides    Two or more families, Number \_\_\_\_\_
- Condo    Cooperative    Rental Apartment Building – Number of Apartments \_\_\_\_\_
- Single Room occupancy    Other – describe \_\_\_\_\_

Is Section 8 Housing involved?  Yes    No

If yes, which office location? \_\_\_\_\_

Number of bedrooms \_\_\_\_\_ Is housing being sold? \_\_\_\_\_ Being rented? \_\_\_\_\_

The name of the company, organization or person discriminating against you: \_\_\_\_\_

Address (local) \_\_\_\_\_

Phone Number: \_\_\_\_\_

What was the most recent date the discriminatory act took place? \_\_\_\_\_

**TYPE AND BASIS OF DISCRIMINATION**

Please check the type and basis of discrimination. You may check more than one if they apply.

**HOUSING**

**Refusal To**

- Show
- Finance
- Sell
- Negotiate
- Rent

**OTHER ACTS**

- Eviction
- Deny services related to sale, purchase, ownership of rental property. Specify \_\_\_\_\_
- Make false statements of non-availability

- Steering
- Blockbusting
- Advertise in a discriminatory way
- Intimidate you to keep you from the full benefits of the Fair Housing law

**BASIS OF DISCRIMINATION**

Check the reason you believe was the cause you were being discriminated against.

- |   |   |
|---|---|
| <input type="checkbox"/> Age                                | <input type="checkbox"/> Source of income       |
| <input type="checkbox"/> Creed                              | <input type="checkbox"/> Race                   |
| <input type="checkbox"/> Physical or mental disability      | <input type="checkbox"/> Familial Status        |
| <input type="checkbox"/> Color                              | <input type="checkbox"/> Ethnicity              |
| <input type="checkbox"/> Sex/Gender                         | <input type="checkbox"/> Children under 18      |
| <input type="checkbox"/> Retaliation/Opposed Discrimination | <input type="checkbox"/> Sexual Orientation     |
| <input type="checkbox"/> Guide or Service animal            | <input type="checkbox"/> First Responder Status |
|   | <input type="checkbox"/> National Origin        |
|   | <input type="checkbox"/> Veteran Status         |
|   | <input type="checkbox"/> First Responder Status |

