



Human Relations Fair Housing Complaint Form

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Do you have any accessibility requirements?	Large Print		Audio Tape
	TDD		Other
Section II:			
Are you filing this complaint on your own behalf?		Yes*	No
*If you answered "yes" to the question above, please go to Section III.			
If you answered no, please explain if you need any assistance to complete this form?			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Source of Income <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin/Ancestry <input type="checkbox"/> Disability <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> Creed <input type="checkbox"/> Familial/Marital Status <input type="checkbox"/> Gender Identity/Gender Expression <input type="checkbox"/> Occupation			
Name, address and phone number of person against whom complaint is being filed, i.e. Landlord against whom you are filing this complaint :			
Date of Alleged Discrimination (Month, Day, Year): _____			
Section IV			
Have you previously filed a fair housing complaint about this person/ Landlord?		Yes	No
Section V			
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes, please explain when you previously filed a complaint.			



Human Relations Fair Housing Complaint Form

If yes, please also check all that apply:

Federal Agency: _____

Federal Court _____

State Court _____

State Agency _____

Local Agency _____

No

Please provide any additional background information below. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any possible witnesses. If more space is needed, please feel free to use the back of this form or explain on a separate sheet of paper.

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

**Anne Arundel County Human Relations Commission
C/O Human Relations Officer/Equal Employment Director
2660 Riva Road, 2nd Floor Suite 220
Annapolis, MD 21401
Telephone Number: (410) 222-1234**