

FAIR HOUSING DISCRIMINATION COMPLAINT

If you believe that you have been discriminated against in violation of the Fair Housing Law, you may file a complaint with the City of Janesville. Your complaint must be filed within **one year** of the action that you believe was discriminatory. Additionally, your complaint may be sent to other Fair Housing agencies that assist in regards to Fair Housing unless indicated otherwise on this form.

Complainant Information			Respondant Information (if available)							
Last Name First Name			Name of the housing provider you believe discriminated against you. If more than							
			one res	one respondent, list each seperately on extra sheet.						
Middle Initial			-							
Street Address			1							
City	State	Zip Code	Street A	Address						
Preferred Daytime Telephone Number			City				State	Zip Code		
Alternate Telephone Number			Telepho	Telephone Number						
Email Address			Email A	Email Address						
Basis: Select the appli	cable character	ristic(s) or protec	ted class	s(es) the dis	crimination is l	based up	oon			
RACE RELIGION SEX	GION AGE (18+)			LITY NAL ORIGIN	GENDER ORIENTATION GENDER IDENTITY					
MARITAL STATUS STATUS STATUS STATUS AS A VICTIM	FAMILY STAT OF DOMESTIC A		LAWFUL SOURCE OF INCOME							
Your complaint ma					ou check "r	no" bel	ow			
No, you may not for Fair Housing Agencies States Equal Opportuni	your complaint ities Commissio	may be shared w n, United States I Ur	vith, sho Departm ban Dev	uld you choo ent of Justic elopment	ose "yes;" Wisc e, or the United	consin Eq d States	Departme	ent of Housing and		
Availability		e to contact you,					pnone ni	umber within 30		
What days and times ar	e you usually a	vailable to discus	s your c	omplaint?						
In case we cannot reach	you, please pro	ovide the name, a	address	and phone r	number of a pe	erson wh	no does n	ot reside with you,		
but will always know wh	ere you live and	d how to reach y	ou.	1						
Name				Street Address						
City	State		Zip Cod	e	Telephone Numb	umber				
Action Requested										
At this time, what actio	n are you reque	esting to occur to	resolve	your compa	aint?					
Complaint Informa	tion									
Have you filed this charge with Yes No	any other agency	?	lf so, na	ime of agency?			Date Filed	ł		
Statistical Informat	t ion (Option	al)								
Complainant Gender				Complainant Preferred Pronouns He/Him/His/Himself They/Them/Theirs/ Themselves						
	er to self describ	oe		She/Her/Hers/HerselfI prefer to self describe:						
Complainant Race (Check all t American Indian or A		Hispanic or L	atino		🔲 Whi	te				

Native Hawaiian or Pacific Islander

Prefer not to answer

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Asian

Black or African American

STATEMENT OF HOUSING DISCRIMINATION

What did the respondant **do?** List each action you believe was discriminatory. Then, say **why** you believe you were treated differently because of the basis you listed previously. Please provide as much detail as possible, including dates, times, places, and any witnesses. Attach additional sheets as needed.

Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

By my signature below, I acknowledge that I have read the complaint; that to the best of my knowledge, information and belief, the complaint is true and correct, and that the complaint is not being used for any improper purpose, such as to harass the party against whom the complaint is filed. I understand that this complaint is an open record and may be provided to others under the provisions of Wisconsin's Open Records Law.

Signature of Complainant or Authorized Representative Date Signed

Mail or deliver your **completed** and **signed** complaint to: City of Janesville Department of Housing Services 18 N Jackson St Janesville, WI 53548