



CITY OF JANESVILLE

Wisconsin's Park Place

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			Name of the housing provider you believe discriminated against you. If more than one respondent, list each separately on extra sheet.		
First Name					
Middle Initial					
Street Address					
City	State	Zip Code	Street Address		
Preferred Daytime Telephone Number			City	State	Zip Code
Alternate Telephone Number			Telephone Number		
Email Address			Email Address		

Basis: Select the applicable characteristic(s) or protected class(es) the discrimination is based upon

<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> ANCESTRY	<input type="checkbox"/> GENDER ORIENTATION
<input type="checkbox"/> RELIGION	<input type="checkbox"/> AGE (18+)	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> GENDER IDENTITY
<input type="checkbox"/> SEX	<input type="checkbox"/> SEXUAL ORIENTATION	<input type="checkbox"/> NATIONAL ORIGIN	
<input type="checkbox"/> MARITAL STATUS	<input type="checkbox"/> FAMILY STATUS	<input type="checkbox"/> LAWFUL SOURCE OF INCOME	
<input type="checkbox"/> STATUS AS A VICTIM OF DOMESTIC ABUSE, SEXUAL ABUSE, OR STALKING			

Your complaint may be filed with another agency unless you check "no" below

<input type="checkbox"/> Yes, you may forward this complaint to other fair housing enforcement agencies
<input type="checkbox"/> No, you may not forward this complaint to other fair housing enforcement agencies
Fair Housing Agencies your complaint may be shared with, should you choose "yes;" Wisconsin Equal Rights Division, United States Equal Opportunities Commission, United States Department of Justice, or the United States Department of Housing and Urban Development

Availability: (Important! You must notify the City of Janesville if you change your address or phone number within 30 days. If we are unable to contact you, your complaint may be dismissed.)

What days and times are you usually available to discuss your complaint?

In case we cannot reach you, please provide the name, address and phone number of a person who **does not** reside with you, but will always know where you live and how to reach you.

Name		Street Address	
City	State	Zip Code	Telephone Number

Action Requested

At this time, what action are you requesting to occur to resolve your complaint?

Complaint Information

Have you filed this charge with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, name of agency?	Date Filed
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Statistical Information (Optional)

Complainant Gender <input type="checkbox"/> Female <input type="checkbox"/> I prefer not to say <input type="checkbox"/> Male <input type="checkbox"/> I prefer to self describe _____		Complainant Preferred Pronouns <input type="checkbox"/> He/Him/His/Himself <input type="checkbox"/> They/Them/Theirs/ Themselves <input type="checkbox"/> She/Her/Hers/Herself <input type="checkbox"/> I prefer to self describe:	
Complainant Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Prefer not to answer			

