



Discrimination Complaint Form

Your Name:			
Your Address:			
City:	State:	Zip:	Phone:

How are you being discriminated against? (For example, were you **refused an opportunity to rent** housing? **Told that housing was not available** when in fact it was? **Treated differently from others** seeking housing **or currently receiving housing assistance**?) State briefly what happened.

Why do you believe you are being discriminated against? *It is a violation of the law to deny you your housing rights for any of the following factors: **race, color, religion, sex, national origin, disability, familial status** (families with children under 18). Briefly **explain why you think your housing rights were denied because of any of these factors.***



Who do you believe discriminated against you? Was it a HCV landlord, HCV Staff or Public Housing Property Manager?

First Name:		Last Name:	
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Where did the alleged act of discrimination occur? Provide the address. *(For example, was it at your HCV rental unit? Public Housing office?)*

Property Owner/Landlord:					
Address:					
City:		State:		Zip:	

When did the last act of discrimination occur?

Enter the Date:	Month		Date		Year	
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Is the alleged discrimination continuing or ongoing?	Yes		No	
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Signature:	Date
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Send completed form to:

Barbara Grambs, Fair Housing Advocate
Housing Authority of Maricopa County
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Peoria, AZ 85345
Direct: 602.744.4533
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