



Fair Housing 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: | |
|-------------|--|------------|--|

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 | |
|-----------------|-------|--|------|--|------|--|

| | | | | |
|--|-----|--|----|--|
| Is the alleged discrimination continuing or ongoing? | Yes | | No | |
|--|-----|--|----|--|

| | |
|------------|------|
| Signature: | Date |
|------------|------|

Send completed form to:

Barbara Grambs, Fair Housing Advocate
Housing Authority of Maricopa County
8910 N. 78th Avenue
Peoria, AZ 85345
Direct: 602.744.4533
FAX: 602.744.4549
TDD: 602.744.4540
E-mail: b.grambs@maricopahousing.org