

NASSAU COUNTY COMMISSION ON HUMAN RIGHTS

240 Old Country Road, Suite 606, Mineola, New York 11501

Telephone Number (516) 571-3662 • Fax Number (516) 571-1422



HOUSING COMPLAINT

DATE:

This form is confidential and for informational purposes only. It is not a verified complaint.

Please answer all questions and return this form to our office. Failure to complete the form may cause delays in processing your complaint.

PERSONAL INFORMATION:

Name:	
Address:	
Phone Number:	Cell Phone Number:
Email Address:	
Date of Birth:	Place of Birth:
Family Status, check one ☐ Married ☐ Single ☐ Se	eparated Divorced Widowed Other, explain
Number in Family, total	Number of Adults
Number of children in fam	ily, total Number of male children
Ages	Number of female children Ages
Any person in immediate f	amily including yourself with a disability? 🔲 Yes 👊 No
If yes, describe Disability a	nd to whom it applies
Race:	
	The name of someone who will always be able to contact you, does not live in the same address as you.
Name:	
Address:	
Phone Number:	Cell Phone Number:
Email Address	



/HO DISCRIMIN	ATED A	AGAINST `	YOU?
---------------	--------	-----------	------

☐ Housing Owner ☐ Govern	☐ Real Estate Agent ☐ Hounmental Agency ☐ Builder ☐	Other			
HOUSING TYPE ☐ Single Family ☐ Two Family, Owner Resides ☐ Two or more families, Number ☐ Condo ☐ Cooperative ☐ Rental Apartment Building — Number of Apartments ☐ Single Room occupancy ☐ Other — describe					
Number of bedrooms	Is housing being sold?	Being rented?			
The name of the company, orga	anization or person discriminating	g against you:			
Address (local)					
Phone Number:					
	e the discriminatory act took plac				
TYPE AND BASIS OF DISC Please check the type and basis	CRIMINATION of discrimination. You may chec	k more than one if they apply.			
HOUSING Refusal To ☐ Show ☐ Finance ☐ Sell ☐ Negotiate ☐ Rent	OTHER ACTS ☐ Eviction ☐ Deny services related to sale, purchase, ownership of rental property. Specify ☐ Make false statements of non-availability	☐ Steering ☐ Blockbusting ☐ Advertise in a discriminatory way ☐ Intimidate you to keep you from the full benefits of the Fair Housing law			
BASIS OF DISCRIMINATION Check the reason you believe to Age	was the cause you were being dis Source of Race Familial S Ancestry	f income tatus Discrimination under 18			



Describe Discriminatory Act				
If you need additional space used attached page				
Have you filed a complaint on this issue with any other age \(\subseteq \text{ Yes} \) No If yes, when, which agency or court, and what is the status				
Do you know the case number? ☐ Yes ☐ No ☐ If you	es, please write it down below:			
Description of the Discriminatory Act continued				
	 			
				
Signature Date				