



FAIR HOUSING COMPLAINT FORM

Instructions: (Please type or print) Read this form carefully and try to answer all the questions. If you do not know the answer or a question does not apply to you, please put N/A in the space. You have one year from the date of the alleged discrimination to file a complaint. Make sure your form is signed and dated.

Your Name

Your Address

City

State

Zip Code

Daytime Phone No.

Evening Phone No.

Best Time To Call

Alternate Contact:

Contact's Name

Phone Number

How were you discriminated against? Please include the date(s) the alleged discrimination occurred.

For example: Were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Were you treated differently for others seeking housing? Please describe your experience below, be as specific as possible:

Please identify the reason you believe you are a victim of housing discrimination; is it because of:

Race - Color - Religion - Sex - National Origin - Familial Statues (families with children under the age of 18) - Disability

Please circle your answer(s) and briefly explain why you think your housing rights were denied. Be as specific as possible.

Please identify who you believed discriminated against you, was it a landlord, a private owner, real estate agent, broker, company or an organization?

Their Name or Organization

Contact Information

Address of the person or company that you believe discriminated against you

Where did the alleged act of discrimination occur? Example: Was it a rental unit? Single family home? Public or Assisted Housing? A Mobile Home or Park? Did it occur at a bank or other lending institution?

Address

City

State

Zip Code

Sign and date the form:

Signature

Date

MAIL OR DROP OFF YOUR FORM TO:

**The City of Franklin
Building & Neighborhood Services Department
109 3rd Avenue South
Franklin, TN 37064
615-794-7012**

After your information is received, you will be contacted by a local Fair Housing Agency, a State Agency or the Department of Housing & Urban Development. They will discuss your concerns and address the next steps necessary.

Keep the following receipt for your records

Date your mailed your information:

____/____/____

Address to which you sent the information:

Office

Phone

Street Address or Post Office Box

City

State

Zip Code

If you have not heard from the local Fair Housing Agency, a State Agency or the Department of Housing & Urban Development within four (4) weeks from the date you mailed this form, please call the above to inquire about the status of your complaint.