



FAYETTE COUNTY HOUSING CONSORTIUM

**FAIR HOUSING COMPLAINT FORM**

**CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Contact Information (Leave blank if same as above):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMPLAINT INFORMATION:**

**In the space below, explain briefly what happened to you? How were you discriminated against?**

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?
- treated differently from others seeking housing?

*Continued on next page...*



**Why do you believe you were being discriminated against?**

Please be aware that it is a violation of the law to deny you your housing rights for any of the following factors:

- race
- color
- religion
- national origin
- familial status (families with children <18yrs)
- disability

**Who do you believe discriminated against you?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_  
i.e. landlord, bank, real estate agent, company

**Where did the alleged act of discrimination occur?**

Place Name or Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Continued on next page...*



**When did the last act of discrimination occur?**

Date: \_\_\_\_\_

**Is the alleged discrimination continuous or on going?**

- Yes
- No

\_\_\_\_\_  
Signature of Person Submitting Complaint

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Submitting Complaint

**INSTRUCTIONS:**

Please submit the completed form to the following address:

*Fayette County Housing Consortium  
86 West Main Street  
Uniontown, PA 15401*

For assistance completing this form, please contact the Fayette County Housing Consortium at 724-437-1547.

**Note:** This information is being collected in accordance with Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, (P.L. 100-430); Title VI of the Civil Rights Act of 1964, (P.L. 88-352); Section 504 of the Rehabilitation Act of 1973, as amended, (P.L. 93-112); Section 109 of Title I Housing and Community Development Act of 1974, as amended, (P.L. 97-35); Americans with Disabilities Act of 1990, (P.L. 101-336); and the Age Discrimination Act Of 1975, as amended, (42 U.S.C. 6103). The information will be used to investigate and to process housing discrimination complaints. The information may be disclosed to the United States Department of Housing and Urban Development and the United States Department of Justice for their use in the filing of pattern and practice suits of housing discrimination or the prosecution of the person(s) who committed the discrimination where violence is involved; and to State or other local fair housing agencies that administer substantially equivalent fair housing laws for complaint processing. Failure to provide some or all of the requested information may result in delay or denial of assistance. Disclosure of this information is voluntary.

**OTHER FAIR HOUSING RESOURCES:**

Pennsylvania Human Relations Commission  
Pittsburgh Regional Office  
301 Fifth Avenue  
Suite 390, Piatt Place  
Pittsburgh, PA 15222  
Ph: 412-565-5395  
TT: 412-565-5711  
[www.phrc.pa.gov](http://www.phrc.pa.gov)

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity  
451 Seventh St. SW  
Washington, DC 20410-2000  
Ph: 800-669-9777  
[www.hud.gov](http://www.hud.gov)

