



FAIR HOUSING COMPLAINT

WHAT IS FAIR HOUSING?

Fair Housing laws were created to ensure that all people have equal access to housing without unlawful discrimination or harassment because of a protected characteristic such as a disability. It is not about special rights, it is about equal rights.

YOUR INFORMATION

Name: _____ DOB: _____
Phone: _____ Email: _____
Address: _____ Primary Language: _____
City: _____ State: _____ Zip Code: _____

Do you need an interpreter during the complaint process?

Yes - if yes please indicate the language: _____ No

Do you require disability-related accommodations? Yes No

If yes, select all that apply:

ASL Video Interview Other: _____

DEMOGRAPHIC INFORMATION – optional & for statistical purposes

Gender/Gender Identity:

Male Non-Binary Transgender Female
 Female Transgender Male Other

Marital Status:

Single Married Cohabitation
 Divorced

Race

American Indian, Native American or Alaskan Native Native Hawaiian or Other Pacific Islander Asian
 Black or African American White Other

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino

PERSON OR BUSINESS YOU ARE FILING A COMPLAINT AGAINST

Name: _____ Phone: _____
Title: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

ADDITIONAL PERSONS OR BUSINESSES YOU ARE FILING A COMPLAINT AGAINST

Name: _____ Phone: _____
Title: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

ALLEGATION

First Date of Harm: _____ Last Date of Harm: _____

Full Property Address Where the Violation Occurred: _____

Address: _____ City: _____ State: _____ Zip: _____

Property Description – Select One:

- Apartment
- House
- Condominium
- Trailer Space or Mobile Home
- Vacant Lot
- Other (specify): _____

Number of Units in the Housing Complex: _____

Full Name and Age of All Children in the Household Under the Age of 18: _____

What happened? _____

Were there any witnesses? Yes No

Who did you report this too?

Name: _____ Title: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

What date(s) did you make a report? _____

I allege that I experienced: Discrimination Harassment

BECAUSE OF MY ACTUAL OR PERCEIVED:

- Ancestry
- Association with a member of a protected class
- Color
- Disability (physical, intellectual/developmental, mental health/psychiatric)
- Familial Status (children)
- Gender Identity or Expression
- Genetic Information of Characteristic
- Marital Status
- Military and Veteran Status
- National Origin (includes language restrictions)
- Race (includes hairstyle and hair texture)
- Religious creed (includes dress and grooming practices)
- Sex/gender
- Sexual harassment – hostile environment
- Sexual harassment – quid pro quo
- Sexual Orientation
- Source of Income such as Housing Choice Voucher
- Other (specify): _____

Please return this questionnaire to fairhousing@cityofdavis.org or mail the form to:
Fair Housing, 23 Russell Blvd, Davis, CA 95616