



Community Development & Housing

HOUSING DISCRIMINATION COMPLAINT INTAKE FORM

Please print or type.

Name of aggrieved person or organization:

Daytime Phone:

Evening or Cell Phone:

Email Address:

Street Address (city, state, and zip code):

Name of Contact Person:

Daytime Phone:

Evening or Cell Phone:

Against whom is this complaint being filed? (name(s), title of person(s), organization or County department/
division

Do you believe that you were discriminated against because of your race, color, national origin, religion, creed, sex, marital status, familial status, source of income, age, sexual orientation, handicap/disability, or gender identity? Check all that apply.

Race or Color (Specify)

Religion (Specify)

Sex

Age

Marital Status

Black

Female

White

Male

Other

National Origin (Specify)

Creed (Specify)

Gender Identity

Sexual Orientation

Familial Status

Handicap/Disability

Source of Income

Presence of children under 18 in the family

Physical

Presence or pending custody of a minor

Mental



What did the person you are complaining against do? Check all that apply.

Made housing unavailable to you because of your race, color, national origin, religion, creed, sex, marital status, familial status, source of income, age, sexual orientation, handicap/disability, or gender identity

Discriminated in the terms, conditions, or privileges of the sale, rental, or rehabilitation of a dwelling

Discriminated in the provision of services or facilities in connection with the sale, rental, or rehabilitation of a dwelling

Engaged in discriminatory advertising or statements with respect to a housing transaction or project

Interfered with the funding, development, or construction of affordable housing

Enforced a zoning or land use law, regulation, policy or procedure that you believe is discriminatory

Coerced, intimidated, or threatened you to keep you from exercising your rights under the State or Federal Fair Housing Law

Other (Explain)

When did the act(s) selected above occur?

Summarize in your own words what happened. Use this space for a brief and concise statement of facts. Additional details may be submitted on an attachment. Sussex County Government will furnish a copy of the complaint to the person or organization against whom the complaint is made.

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

Signature

Date

THIS SHADED SECTION FOR COUNTY USE ONLY.		
Intake Staff Name	Filing Date	File Number