

## Fair Housing Complaint Form

The following information is necessary to assist us in processing your complaint. If information is needed in another language, please contact (661) 267-5115.

La siguiente información es necesaria para ayudarnos a procesar su queja. Si necesita información en otro idioma, por favor contacte al (661) 267-5115.

Complete and return this form to: City of Palmdale, 38250 Sierra Highway, Palmdale, CA 93550.

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone Number (home): \_\_\_\_\_ (business): \_\_\_\_\_

5. Person discriminated against (if someone other than the Complainant):

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

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

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

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race  b. Color  c. Religion  d. National Origin  e. Sex

f. Disability  g. Familial Status  h. Ancestry  i. Gender (Identity / Expression)

j. Sexual Orientation  k. Income Source  l. Marital Status  m. Genetic Information

7. What date did the alleged discrimination take place? \_\_\_\_\_

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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