



City of Buffalo Fair Housing Discrimination complaint Form

Please read this entire form and all the instructions carefully before completing All questions should be answered However if you do not know the answer or if a question is not applicable leave the question unanswered and fill out as much of the form as you can Your complaint should be signed and dated Where more than one individual or organization is filing the same complaint and all information is the same each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form Complaints may be presented in person or mailed to the Division of Citizen Services 218 City Hall Buffalo New York 14202

1 Name of Aggrieved Person or Organization last name first name middle initial Mr. Mrs. Miss Ms.)		Home Phone	Business Phone
Street Address city county State zip code			
2 Against Whom is this complaint being filed last name first name middle initial)			Home Phone
Street Address (City, County, State & Zip Code)			
Check the Applicable box or boxes which describe (s) the party named above: <input type="checkbox"/>			
Builder <input type="checkbox"/> Owner <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson <input type="checkbox"/> Supt. Or Manager <input type="checkbox"/> Bank or Lender <input type="checkbox"/> Other (Management Co.)			
If you named an individual who appeared to be acting for a company in this box <input type="checkbox"/> and write the name and address of the company in this space.			
Name:		Address:	
Name and identify other (if any) you believe violated the law in this case: (owner of property)			
3. What did the person you are complaining against do? Check all that apply and give the most recent date these act (s) occurred in block No. 6a below:			
<input type="checkbox"/> Refuse to rent, sell, or deal with you	<input type="checkbox"/> Falsely deny housing was available	<input type="checkbox"/> Engage in blockbusting	<input type="checkbox"/> Discriminate in broker's services
<input type="checkbox"/> discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities	<input type="checkbox"/> advertise in a discriminatory way	<input type="checkbox"/> Discriminate in financing	<input type="checkbox"/> Intimidated, interfered, or coerced you to keep you from the full benefit of the Buffalo Fair Housing Ordinance
<input type="checkbox"/> other			
4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, the presence of children under 18, or a pregnant female in the family or your national origin? Check all that apply.			
Race or Color <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other	Religion (Specify)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Handicap <input type="checkbox"/> Mental <input type="checkbox"/> Physical
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Age (specify)	Sexual Orientation (specify)	Gender Identity/Expression (specify)
			Family Status <input type="checkbox"/> Presence of children Under 18 in the family <input type="checkbox"/> Pregnant Female
			National Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)
			Sources of Income (specify)
5. What kind of house or property was involved? <input type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2,3, or 4 families <input type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (explain)		Did the owner live there? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property. <input type="checkbox"/> Being Sold? <input type="checkbox"/> Being rented?
			What is the address of the house or property?
6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. (NOTE: The City of Buffalo will furnish a copy of the complaint to the person or organization against whom the complaint is made)			6a. When did the act(s) checked in Item 3 occur? (include the most recent date if several dates are involved)
7. I declare under penalty of perjury that I have read this complaint (including any attachments) and that is true and correct.			Signature & Date: