



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 Fair Housing Officer at 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: Builder ☐ Owner ☐ Broker ☐ Salesperson ☐ Supt. Or Manager ☐ Bank or Lender ☐ Other (Management Co.) ☐			
If you named an individual who appeared to be acting for a company in this box ☐ 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: ☐ Refuse to rent, sell, or deal with you ☐ Falsely deny housing was available ☐ Engage in blockbusting ☐ Discriminate in broker's services ☐ Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities. ☐ Advertise in a discriminatory way ☐ Discriminate in financing ☐ Intimidated, interfered, or coerced you to keep you from the full benefit of the Buffalo Fair Housing Ordinance 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 ☐ African-American ☐ Caucasian ☐ Other	Religion (Specify)	Sex ☐ Female ☐ Male	Handicap ☐ Mental ☐ Physical
Family Status ☐ Presence of children Under 18 in the family ☐ Pregnant Female	National Origin ☐ Hispanic ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native ☐ Other (specify)		
Marital Status Single ☐ Married ☐ Divorced ☐ Separated ☐	Age (specify)	Sexual Orientation (specify)	Gender Identity/Expression (specify)
Military Status (specify)		Sources of Income (specify)	
5. What kind of house or property was involved? Single-family house ☐ A house or building for 2,3, or 4 families ☐ A building for 5 families or more ☐ Other, including vacant land held for residential use ☐ (explain)		Did the owner live there? Yes ☐ No ☐ Unknown ☐	Is the house or property. Being Sold? ☐ Being rented? ☐
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:	