



**FAIR HOUSING DISCRIMINATION
COMPLAINT FORM
ORDINANCE NOS. 95-92 AND 2003-66**

If you have a complaint under Ordinance No. 95-92 or 2003-66, complete this form and mail or deliver it to the Carbondale City Clerk's Office, P.O. Box 2047, Carbondale IL 62902-2047 within thirty (30) days from the commission of the alleged violation (or 180 days in the case of a relocation grievance).

Name: _____ Phone: _____

Street Address or Post Office Box: _____

City/State/Zip _____ E-mail _____

I may also be contacted through:

Name: _____ Phone: _____

Street Address or Post Office Box: _____

City/State/Zip _____ E-mail _____

List the party (parties) who allegedly discriminated against you:

Name: _____ Phone: _____

Full Address: _____

Company name (if known): _____

Other Parties (if any): _____

Cause of discrimination: (circle one or more) Date of alleged violation: _____

- | | | | | |
|-------------------------------|--------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> race | <input type="checkbox"/> color | <input type="checkbox"/> religion | <input type="checkbox"/> national origin/ancestry | <input type="checkbox"/> sexual orientation |
| <input type="checkbox"/> sex | <input type="checkbox"/> age | <input type="checkbox"/> disability | <input type="checkbox"/> marital status | <input type="checkbox"/> familial status |

Specifically describe the act and how you believe you were treated differently than other persons:

(Attach separate sheet if necessary) _____

I swear or affirm that I am the Complainant herein and that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

Signature of Complainant

Date

Subscribed and sworn to before me on _____.

(Seal)

Notary Public