State of Connecticut

Commission on Human Rights

and Opportunities

Housing Discrimination Unit

450 Columbus Boulevard, Suite 2

Hartford, CT 06103

Phone: (860) 541-3403

Fax: (860) 541-4701

1800-477-5737 ext: 3403

HOUSING Complaint Inquiry Form

Instructions: Please provide as much of the below information as you can then fax or mail the form to the Commission number or address listed above. Keep in mind that a person has 180 days from the date of the alleged act of discrimination to file a complaint.

Your Name

Address

City State Zip Code

Best time to call Daytime Phone No. Evening Phone No.

Email Address Cell Phone Number

Who else can we contact if we cannot reach you?

Contact’s Name Best time to call

Daytime Phone No. Cell Phone No. Evening Phone No.

Who do you believe discriminated against you?

For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization, property manager

Identify the individual(s) their titles and company (if applicable)

Name of Individual Title (owner, property manager etc.)

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Company Name Telephone No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

What happened to you?

How were you discriminated against?

For Example: were you refused an opportunity to rent or buy housing? Denied a mortgage loan? Told that housing was not available when in fact it was? Treated differently from others in your housing complex? Denied a reasonable accommodation needed for your disability?

State briefly what happened below:

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Why do you think you were a victim of housing discrimination?

Is it because of your :

Race – color – creed - national origin - ancestry – sex - marital status – age - lawful source of income (Social Security, SSI, child support, alimony, Public Aid, Section 8 or other housing assistance) - familial status(having children in your household) - physical disability - mental disability - sexual orientation - gender identity or expression.

For Example: were you denied housing because of your race? Were you denied a mortgage because of your religion? Or turned down for an apartment because you have children?

Briefly explain why you think your housing rights were denied and circle the factor(s) listed above that you believe apply and explain why.

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Where did the alleged act of discrimination occur?

For Example: was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home? Did it occur at a bank or other lending institution?

Provide the address if known and type of housing

Address Type of Property

City State Zip Code

When did the last act of discrimination occur?

Enter the date. \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Briefly describe what occurred on that date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the alleged discrimination continuing or ongoing?

Yes\_\_\_\_\_ No\_\_\_\_\_

Fax this form to 860-541-4701, Attention Complaint Intake or mail to the CHRO at the address on the top of the form. Keep in mind that a person has 180 days from the date of the alleged discrimination to file a complaint. If it is close to the expiration of the 180 day period for filing, telephone to alert us before faxing the information in.

Be advised that the information you provide on this form does not yet constitute a formal complaint. You will receive a call from our Intake Staff within 48 hours of the receipt of this inquiry form. You may be asked to follow up your submission with copies of relevant supporting documentation. Please keep all documentation relevant to your claim.

Once our Intake Staff confirms they have a jurisdictional complaint; a formal complaint will be drafted for your review and signature (a formal complaint must also be sworn to and notarized). If a formal complaint is filed, you will be required to submit all relevant documentation as well as names and contact information for any persons who have information or witnessed anything relevant to your case.