

# Housing Discrimination Complaint (Intake)

THE DIVISION OF HUMAN RELATIONS  
STATE OF DELAWARE

PLEASE TYPE OR PRINT THIS FORM – DO NOT WRITE IN THE SHADED AREAS

THIS SECTION IS FOR STATE USE ONLY.

NUMBER:	Jurisdiction:		
FILING DATE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Additional Info
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, and zip code)			
Name of contact person (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)		Home Phone ( )	Business Phone ( )
Street Address (city, county, state, and zip code)			

2. Against whom is this complaint being filed? Name (last name, first name, middle initial)		Phone Number ( )
Street Address (city, county, state, and 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 Other Lender <input type="checkbox"/> Other		
If you named an individual above who appeared to be acting for a company in this case, check this box <input type="checkbox"/> and write the name and address of the company in this space:		
Name:	Address:	
Name and identify others (if any) you believe violated the law in this case:		

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. 6b below.

<input type="checkbox"/> Refused to rent, sell, or deal with you	<input type="checkbox"/> Falsely denied housing was available	<input type="checkbox"/> Engaged in blockbusting	<input type="checkbox"/> Discriminated in broker's services
<input type="checkbox"/> Discriminated in the conditions or terms of sale, rental occupancy, or in services or facilities	<input type="checkbox"/> Advertised in a discriminatory way or made discriminatory statement	<input type="checkbox"/> Discriminated in financing	<input type="checkbox"/> Intimidated, interfered, or coerced you to keep you from the full benefit of the State and Federal Fair Housing Law
<input type="checkbox"/> Other (Explain)			

4. Do you believe that were discriminated against because of your race, religion, familial status, age, color, marital status, creed, national origin, sex, disability? Check all that apply:

<input type="checkbox"/> Race or Color <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (Specify)	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Disability <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input type="checkbox"/> Familial Status <input type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnancy or pending custody of a minor.	<input type="checkbox"/> Age (Specify)	<input type="checkbox"/> Creed (Specify)	<input type="checkbox"/> Marital Status	<input type="checkbox"/> National Origin (Specify)
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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? (street, city, county, state, & zip code)
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6a. Summarize in your own words what happened. Use this space for a brief and concise statement of facts. Additional details may be submitted on an attachment. The Division of Human Relations will furnish a copy of the complaint to the person or organization against whom the complaint is made.

6b. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)

7. How did you find out about the Division of Human Relations?

8. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct. Signature and Date:	File Date: (Date Complaint was filed)
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