

Charleston Human Rights Commission
915 Quarrier Street, Ste. 2, Charleston, WV 25301
Phone: (304) 348-6880 email: hrc@cityofcharleston.org

Housing Background Complaint Form

Please fill in each blank to the best of your ability and return to the Human Rights Commission. Answer all questions to the fullest and **if it does not pertain to your housing complaint write N/A.**

Date: _____
Case Number Assigned (Staff use only)

1. Your **full** name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Home

Phone Number: _____ Daytime

Best time to be reached at each one.

The following person(s) always know where to contact me:

Name: _____

Street Address: _____

City: _____ WV: _____ Zip: _____

Phone Number: _____ Home

Phone Number: _____ Daytime

Relationship to you? _____

May we contact you at your job if needed?

Yes: _____ No: _____

1. Why do you believe your are/were being discriminated was it due to:

- a) Race: _____ State Race: _____
- b) Religion: _____ State Denomination: _____
- c) Color: _____ State Color: _____
- d) National Origin/Ancestry: _____ State Origin/Ancestry: _____
- e) Sex: _____ State Gender/Sex: _____
- f) Sexual Orientation: _____
- g) Age: _____ State Age: _____
- h) Blindness _____ State: Legally _____ or Partially _____
Medical documentation if needed?
- i) Handicap: _____ State type of Handicap: _____
Medical documentation if needed?

If yes to either list who and where they may be obtained:

Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Person of contact in office of Professional _____

- j) Familial Status: _____ State how many children? _____ Ages? _____

2. If the problem you encountered deals with a handicap/disability for yourself, a relative or another member in household, **explain** if the lack of an accommodation was the problem.

3. Who do you believe discriminated against you?

a) Landlord: _____ State name: _____

b) Owner: _____ State name: _____

c) Bank: _____ State name: _____

d) Real Estate Agent: State name: _____

e) Real Estate Broker: State name: _____

f) Company: State Name: _____

g) Organization: State Name: _____

h) Management/Building Superintendent: _____

State Person(s) Name: _____

State Company Name: _____

4. Who do you wish to file your complaint against? _____

5. Where did the alleged act of discrimination occur? Provide address:

6. What date did the discrimination occur? _____

Is the alleged discrimination continuous or ongoing? _____

7. If you have named an individual in Question 4, and you know that she/he was acting on the company in this matter, fill in the following information:

Name of Company: _____

Address: _____

8. Name and identity of any other person(s), organization(s), etc. you believe should be charged in this complaint.

Name(s): _____

9. Name what kind of property was involved:

a) Single family house: _____

b) Mobile Home: _____

c) House or Building for 2,3, or 4 families _____

Does owner live in one of units? Yes: ____ or No: ____

d) Building for 5 families or more (including apartments) _____

* this includes Public or Assisted Housing*

e) Other (specify, including vacant land): _____

10. Is this house or Property:

For Sale: _____

For Rent: _____

11. What did the person or firm against whom you are complaining do?

a) Direct you all to white, intergrated or predominately black area: ____

b) Refuse to rent, sale, or deal with you: _____

c) Discriminate in the conditions or the terms of sale, rental or

occupancy _____

d) Falsely deny housing was available _____

e) Discriminate in financing: _____

f) Discriminate in broker services: _____

g) Evict from premises _____

h) Other: (Specify): _____

12. What is the name and address of the property involved?
Give name of subdivision or apartment complex, if applicable:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

13. How did you first learn the property was for sale/rent? Please describe and give dates and names of individuals, or if saw newspaper/bulletin advertisement list the date and paper:

Name: _____

14. List names of any witnesses who have information about **THIS** particular problem of **his/her own knowledge, NOT SECOND HAND/or HEARSAY**:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you need additional space for any of the above questions, please write on the back of this form.

15. Are you still interested in the property? Yes _____ No _____

16. To settle your complaint, what do you want?

Please be as complete as possible in answering all of the above questions Pertaining to your complaint. The more information you can provide, the better our staff can serve you and the many other person(s) who have filed complaints. Thank you!

Please sign below:

I have not commenced any action, civil, or criminal, based upon the grievance set forth above, except _____

Signature or Mark of Complainant

Date: _____

Witness: Name: _____ Date: _____

STATE OF WEST VIRGINIA
COUNTY OF KANAWHA, To wit;

I, _____, a Notary Public in and for said
County and State, do hereby certify that _____, who
signed the foregoing writing bearing the date the _____ day of _____, 20
____,

has this day before me in my said county, acknowledged the same before me.

Given under my hand this _____ day of _____, 20 _____

My Commission expires _____

Notary Public