



City of Baytown Fair Housing Complaint Form

Print or Type

About You

Your Name: _____ Mailing Address: _____
 Address: _____ City: _____
 City: _____ State _____ Zip _____
 State _____ Zip _____ Email Address: _____
 Daytime Phone: _____ Evening Phone: _____

***For us to better research your claim, please provide the following statistical information.**

Age: _____ Date of Birth: _____ Sex _____
 Marital Status: Married Single Divorce Widowed Separated

Ethnicity: Select only one Hispanic or Latino Not Hispanic or Latino
Race: Select one or more White Black or African American Native Hawaiian or Other Pacific Islander
 Asian American Indian or Alaska Native

Complaint Filed Against

Description of Property

Name: _____ Single Family Mobile Home Duplex
 Address: _____ Vacant Land Multi-Family
 City: _____ Condominium
 State: _____ Zip _____ Date of incident: _____ Phone: _____

Why do you believe you are being discriminated against? (Check all that applies)

Race National Origin Sex Religion
 Familial Status Color Disability Marital Status
 Age Sexual Orientation Other _____

Nature of Discrimination: (Check all that applies)

Refusing to rent, sell or negotiate Unfair insurance practices
 Misrepresenting availability Unfair lending practices
 Offered you different terms than someone else Unfair appraisal practices
 You felt intimidated or coerced False advertising
 Failure to permit modification/accommodation Architectural inaccessibility
 Other, please specify: _____

What happened to you? (In the space provided, briefly summarize the facts of your complaint)

Certification: I swear or affirm that the information contained in this City of Baytown Housing Complaint Form is true to the best of my knowledge, information and belief.

Signature

Date

*All information will remain confidential and will be used solely for the purpose of researching the basis for this claim.