

North Carolina Department of Administration
Human Relations Commission

HOUSING DISCRIMINATION COMPLAINT

Case Number:

Date:

1. Complainant(s):
2. Other Aggrieved Persons
3. The following is alleged to have occurred or is about to occur:

4. The alleged violation occurred because of:

5. Address and location of the property in question (or if no property is involved, the city and state where the discrimination occurred):

6. Respondent(s):
7. The following is a brief and concise statement of the facts regarding the alleged violation:

8. The most recent date on which the alleged discrimination occurred:

9. Types of Federal Funds identified:

10. The acts alleged in this complaint if proven, may constitute a violation of the following:

Sign and Date this Form

I declare that I have read this complaint (including all attachments) and certify that it is true and correct, to the best of my knowledge.

(Type Complainant's name)

Date

NOTE: HUD WILL FURNISH A COPY OF THIS COMPLAINT TO THE PERSON OR ORGANIZATION AGAINST WHOM IT IS FILED.