

State of North Carolina Human Relations Commission

HOUSING DISCRIMINATION COMPLAINT

Case Number: _____ Date: _____

1. Complainant(s): _____

2. Other Aggrieved Person(s): _____

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.

Complainant's name _____

Date _____

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