



State of North Carolina Human Relations Commission

HOUSING DISCRIMINATION INQUIRY

Your Name:	
Address:	City:
State:	Zip:
Home Phone:	Work Phone:
Email Address:	Cell Phone:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: Date of Birth:
Race:	National Origin:
<input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> American <input type="checkbox"/> Native American
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern
<input type="checkbox"/> American Indian <input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Provide the name of the Housing Provider you believe discriminated against you:

Name of the Housing Provider:	
Address:	City:
State:	Zip:
County:	
Housing Provider's telephone number (with area code):	
Most recent date of alleged harm (that you believe was discrimination) to you:	
Do you think this happened to you because of your (check as appropriate):	
Color	Familiar Status
Disability	National Origin
Race	Religion
Retaliation	Sex
<p>In your own words, briefly describe what happened to you that you believe to be discrimination. A short description of what happened will be enough at this time.</p>	

Signature: _____ Date: _____

By signing this Housing Discrimination Inquiry: I declare that I have read this inquiry (including all attachments) and certify that it is true and correct to the best of my knowledge.

**** You may submit this form via email to HRC.Complaints@oah.nc.gov ****

**** By completing this form you have not filed a complaint of housing discrimination. ****

NC Office of Administrative Hearings - Civil Rights Division
Human Relations Commission, 1318 Mail Service Center, Raleigh, NC 27699
(984) 236-1919 phone / (984) 236-1946 fax