



City of Baytown Housing Discrimination 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

Name: _____
 Address: _____
 City: _____
 State: _____ Zip _____

Description of Property

Single Family Mobile Home Duplex
 Vacant Land Multi-Family
 Condominium
 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.