



City of Jacksonville, NC

Fair Housing Complaint Form



Title VII of the Civil Rights Act of 1968 (Federal Fair Housing Law) prohibits discrimination based on race, color, national origin, religion, sex, familial status or disability. The City of Jacksonville has been authorized and directed to receive complaints of alleged acts of housing discrimination within the City of Jacksonville. Complaints must be received in person or in written form within 90 days of the alleged incident.

| | | |
|--------|----------|-----------|
| Name: | Address: | |
| Phone: | City: | Zip Code: |
| Email: | | |

1. Who do you feel discriminated against you? For example, an owner, landlord, bank real estate agency, broker, company or organization?

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|--------|------------------------|
| Name: | Organization Name: |
| Title: | Address: |
| Phone: | City: State: Zip Code: |

2. What happened to you? How did the discrimination occur? For example, were you denied a loan? Told that housing was not available when it actually was? Treated differently than other renters or buyers?

3. When did the act of discriminator occur?

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| Date: | Is the act of discrimination still occurring? <input type="checkbox"/> No <input type="checkbox"/> Yes |
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4. Where did the act of discrimination occur? Please provide the address. For example, was it a rental unit? A bank or financial institution? A single-family home?

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|--|---|-----------|
| Rental Unit <input type="checkbox"/> | Public/Assisted Housing <input type="checkbox"/> | Other: |
| Single Family <input type="checkbox"/> | Bank <input type="checkbox"/> Real Estate Agency <input type="checkbox"/> | |
| Address: | | City: |
| Phone: | State: | Zip Code: |

5. Why do you feel you are being discriminated against? It is against the law to be denied housing based on any of the following factors:

| | | | | | |
|--|--------------------------------|-----------------------------------|------------------------------|-------------------------------------|--|
| Race <input type="checkbox"/> | Color <input type="checkbox"/> | Religion <input type="checkbox"/> | Sex <input type="checkbox"/> | Disability <input type="checkbox"/> | National Origin <input type="checkbox"/> |
| Familial Status (families with children under 18) <input type="checkbox"/> | | | | | |

Briefly describe why you believe you were denied housing rights **because of** one of the factors listed above. For example: Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

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|------------|-------|
| Signature: | Date: |
|------------|-------|

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| Return completed form to: Carmen Miracle Fair Housing Complaint Officer | Address: City of Jacksonville 815 New Bridge Street PO BOx 128 Jacksonville, NC 28541-0128 |
| Email: cmiracle@ci.jacksonville.nc.us | Phone: 910 938-5224 910 455-8852 (TDD) |