



Housing Discrimination Complaint Form

Newton Planning & Development Fair Housing Committee (617) 796-1120

Date

Name of complainant

Street address, City, ST, ZIP Code

Primary phone number | Other phone number

Email address

1. What happened to you? How were you discriminated against? For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing?

2. Why do you believe you are being discriminated against (please check all that you believe apply)?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex | <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic information |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Marital status | <input type="checkbox"/> Status as a person who receives federal, state, or local public assistance or is a tenant receiving federal, state, or local housing subsidies including rental assistance or rental supplement. |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender identity or expression | <input type="checkbox"/> Family status (families with children under 18) | |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Religious creed | <input type="checkbox"/> Veteran status or membership in US armed forces | |
| <input type="checkbox"/> Age | | | |

3. Who do you believe discriminated against you? For example: was it a landlord, owner, bank, real estate agent, broker, company, public official, or organization?

Person (name and position, if known)/Organization

Address

4. Where did the alleged act of discrimination occur? For example: was it at a rental unit? Single-family home? Public or assisted housing? A bank or other lending institution? Newspaper advertisement?

Please provide full address

5. When did the most recent act of discrimination occur?

Date: _____ Is the alleged discrimination continuing or ongoing? Yes No

If yes, please explain briefly:

6. Have you filed your complaint with a federal, state, or local anti-discriminatory agency? Yes No

If yes, please describe.

Please note that complaints of housing discrimination must be filed within 300 days of the most recent violation for the Massachusetts Commission Against Discrimination (MCAD), and within one year for the United States Department of Housing and Urban Development (HUD).

7. Have you filed your complaint with any federal or state court? Yes No

If yes, please describe.

Signature of complainant

Date

**Please return this form to: Newton Human Rights Commission,
1000 Commonwealth Avenue, Newton, MA 02459
-or- hrc@newtonma.gov**

Reasonable accommodations will be provided to persons with disabilities who require assistance to complete this form. If you need a reasonable accommodation, please contact the City of Newton's ADA/Sec. 504 Coordinator, Jini Fairley, jfairley@newtonma.gov or (617) 796-1253. The City's TTY/TDD direct line is (617)-796-1089. For the Telecommunications Relay Service (TRS), please dial 711.