Oklahoma Office of the Attorney General

Office of Civil Rights Enforcement

HOUSING DISCRIMINATION COMPLAINT FORM

INSTRUCTIONS: (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated.

_____

_____
Your Name

_____
Your Address

_____
City State Zip Code

_____
Best time to call Daytime Phone Number Evening Phone Number

Who else can we call if we cannot reach you?

_____
Contact's Name Best Time to Call

_____
Daytime Phone No. Evening Phone No.

_____
Contact's Name Best Time to Call

_____
Daytime Phone No. Evening Phone No.

Were there witnesses to the discriminatory action? Yes ☐ **No** ☐ If yes, please provide contact information and a brief description of what was witnessed.

Name _____ Street: _____

City _____ Zip Code _____ Phone (____)_____

What did this person witness? _____

_____

_____

Name _____ Street: _____

City _____ Zip Code _____ Phone (____)_____

What did this person witness? _____

_____

_____

Housing Discrimination Information

1. Basis - I have been discriminated against (treated differently) because of (circle any that apply):

   Race/Color: Black _____ White _____ Native American _____ Asian/Pacific Islander _____

   Other(specify) _____

   National Origin: Hispanic _____ Other (specify) _____

   Age: (specify) _____

   Religion: (specify) _____

   Sex: Female _____ Male _____

   Disability: Physical _____ Mental _____

   Familial status (families with children under the age of 18, or who are expecting a child)

   _____

2. 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 it was? Treated differently from others seeking housing?
   State briefly what happened.

   _____

   _____

   _____

   _____

3. Why do you think you are a victim of housing discrimination?
   Is it because of your: race, color, religion, sex, national origin, age, familial status (families with children under 18), or disability? Briefly explain.

   _____

   _____

   _____

   _____

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

   _____
   Name

   _____
   Address

5. Where did the alleged act of discrimination occur?

_____
Address

_____
City State Zip Code

Housing Discrimination Information

7. When did the last occurrence of discrimination occur? Date: _____/_____/_____

Is the alleged discrimination continuing or ongoing? Yes ☐ No ☐

_____
Signature Date

Send this form to: **Oklahoma Office of the Attorney General**
Office of Civil Rights Enforcement
907 S. Detroit, Suite 750
Tulsa, Oklahoma 74120-4200

If you are unable to complete this form, you may call the office directly:

(918) 581-2201

Housing Discrimination Information

It is Unlawful to Discriminate in Housing Based on These Factors:

- Race
- Color
- National Origin
- Religion
- Sex
- Familial status (families with children under the age of 18, or who are expecting a child)
- Disability
- Age

HOW DO YOU RECOGNIZE HOUSING DISCRIMINATION?

Under the Oklahoma Anti-Discrimination Act, it is Against the Law to:

- **Refuse to rent to you or sell you housing**
- **Tell you housing is unavailable when in fact it is available**
- **Show you apartments or homes only in certain neighborhoods**
- **Set different terms, conditions, or privileges for sale or rental of a dwelling**
- **Provide different housing services or facilities**
- **Advertise housing to preferred groups of people only**
- **Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan**
- **Deny you property insurance**
- **Conduct property appraisals in a discriminatory manner**
- **Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling**
- **Fail to design and construct housing in an accessible manner**

- **Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights**

If You Believe Your Rights Have Been Violated...

- The Office of Civil Rights Enforcement of the Oklahoma Attorney General's Office will help you file a complaint.
- After your information is received, the Office of Civil Rights Enforcement will contact you to discuss the concerns you raise.

Keep this information for your records

Date you mailed your information: _____/_____/_____
Address to which you mailed this information:

_____
Office **Telephone Number**

_____
Street

_____
City **State** **Zip Code**

If you have not heard from the us within three weeks from the date you mailed this form, you may call to inquire about the status of your complaint.

Oklahoma Office of the Attorney General
Office of Civil Rights Enforcement
(405) 521-3921