Complete the form and return it by using Submit by Email, mail, email, fax, or in person.

OMAHA HUMAN RIGHTS AND RELATIONS DEPARTMENT
Housing Discrimination Complaint Intake Form

How did you find out about the Human Rights and Relations Department?

☐ Radio ☐ Newspaper ☐ Relative ☐ Flyer ☐ T.V. ☐ Friend
☐ Other _____

Do you believe you were discriminated against for any of the following reasons? Check all that apply.

☐ Race/Color ☐ Familial Status ☐ Sex ☐ Disability ☐ Creed/Religion
☐ Age ☐ Marital Status ☐ National Origin Identify: _____

Instructions:
Please fill out this complaint form to the best of your ability. The Department will need specific information to determine if your claim can be processed as a charge and to investigate the charge if it is accepted. Someone from the Department will contact you after your form has been received.

YOUR PERSONAL INFORMATION:

A. Name _____ Work Phone # _____

Street Address _____ Home Phone # _____

City _____ State _____ Zip Code _____

Race _____ Gender _____ Birthdate _____

B. Name, address, phone number of person who will know how to contact you.

C. If you have children, please identify:

	Name	Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Are you or your partner pregnant? ☐ Yes ☐ No
Expected date of delivery? _____

RESPONDENT INFORMATION: (The agency, company, etc., that you are complaining against.)

1. Name of Respondent _____ Phone No. _____

   Street Address _____

   City _____ State _____ Zip Code _____

2. Position (if known) _____

NATURE OF COMPLAINT:

In which area of housing practices did the discrimination occur? Check all that apply.

☐ Advertising ☐ Application ☐ Rent or Sale ☐ Eviction
☐ Showing of Dwelling ☐ Reasonable Accommodation
☐ Other _____

Is there anyone employed by the Respondent who individually discriminated against you? If so, list:

1. Name: _____
   Job Title: _____
   Address: _____
   Phone No.: _____
   How he/she discriminated against you: (attach additional pages if necessary)
   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. Name: _____
   Job Title: _____
   Address: _____
   Phone No.: _____
   How he/she discriminated against you: (attach additional pages if necessary)
   _____
   _____
   _____
   _____
   _____
   _____
   _____

Most recent date on which the discrimination occurred: (MM/DD/YYYY) _____

Narrative:

Describe what happened and the events leading up to what happened, in the order in which they occurred. Be sure to identify the date of each event, the names of the persons who were involved in each event, and the names of persons who witnessed each event.

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