

Westchester County Fair Housing Board Housing Discrimination Complaint Form

Instructions

The Westchester County Fair Housing Board investigates claims of discrimination in the area of housing, including, but not limited to, rentals and homeownership. If you think you have been discriminated against in the area of housing, please follow the instructions below.

1. Fill out the Housing Discrimination Complaint form, answering all of the questions to the best of your ability. If possible, **please type**. If you are filling out the form by hand, please print clearly. If you are a person with limited English proficiency and you require an interpreter to fill out this form, please contact our office right away. The Fair Housing Board has the ability to access an interpreter on demand at no cost to you.

A delay could occur in filing and investigating your complaint if the form is not filled out properly or if the information you provide is not legible.

2. After you fill out the form, please have this complaint form notarized. Please contact our office if you have questions about notarization. Notary services are available by the Fair Housing Board free of charge.
3. Attach copies of any documents that you think will help the Fair Housing Board investigate your case (including emails, photos, written statements from witnesses, etc.)
4. Return the Complaint Form by mail, email or personal delivery:

Via Mail to: Westchester County Human Rights Commission, Fair Housing Board
112 E. Post Road, 3rd Floor, White Plains, New York, 10601

Via email to: humanrights@westchestergov.com

5. Keep a copy of your complaint and copies of any documents that you attach for your own records.
6. After you return the Complaint Form, please contact the Fair Housing Board at (914) 995-7710 or via email at humanrights@westchestergov.com to schedule an appointment to meet with an investigator.
7. The completed and notarized complaint must be returned to the Fair Housing Board promptly. Once the Fair Housing Board accepts your complaint, this form will be sent to the company or person(s) whom you are charging with discrimination.

PLEASE NOTE: You must file your Complaint within one year of the most recent act of alleged discrimination.

The Fair Housing Law prohibits discrimination against you because you are a member of a protected class, are perceived to be a member of a protected class, or if you are in a relationship or associated with a member of a class protected by the Fair Housing Law. The protected classes are:

- **Age** (if you are at least 18 years of age)
- **Alienage /Citizenship Status** (citizenship or immigration status)
- **Color**
- **Creed/ Religion** (religious belief, practice, or observance)
- **Disability** (a physical, mental, psychological, or medical impairment; includes denials of requested accommodations or modifications for a disability)
- **Domestic Violence Victim Status**
- **Ethnicity**
- **Familial status** (if you are pregnant or have children under age 18)
- **Gender** (includes sexual stereotyping, sexual harassment, pregnancy, and gender identity or expression (actual or perceived gender-related identity, appearance, behavior, expression, or other gender-related characteristic regardless of the sex assigned at birth, but not limited to, the status of being transgender, gender non-conforming, and gender non-binary))
- **Marital Status** (single, married, separated, divorced, widowed)
- **National Origin** (including ancestry)
- **Race**
- **Retaliation** (if you filed a discrimination complaint before, helped someone else with a discrimination case, or opposed or reported discrimination)
- **Sexual Abuse Victim Status**
- **Sexual Orientation** (heterosexuality, homosexuality, or bisexuality)
- **Source of Income** (means a lawful, verifiable income derived from: (1) any government assistance, grant or loan program, including but not limited to, social security benefits or Housing Choice ("Section 8") vouchers, or (2) any payment, assistance, grant or loan program from a private housing assistance organization.)
- **Stalking Victim Status**

The Fair Housing Board investigates complaints only if the discrimination is based on one or more of the above reasons. The Fair Housing Board cannot investigate unfair treatment that does not involve one of these reasons. If you do not see anything on this list that applies to your situation, please contact our office to speak to a staff member.

**WESTCHESTER COUNTY
FAIR HOUSING BOARD**

Housing Discrimination Complaint Form

CASE NO:

1. Your Full Legal Name

- *Include any other individuals that reside/would have resided with you*
- *Children under the age of 18 should be listed by initials only*

2. Your Address

3. Your Attorney *(if represented; otherwise, leave blank)*

Attorney Name and Firm:

Attorney Address:

Attorney Telephone:

4. Who are you complaining about/ filing a complaint against?

- *Please specify each Respondent's full legal name, address, telephone number and email address, and their status (landlord, cooperative board, broker, mortgage lender, etc.)*
- *For businesses, include legal business name with Inc., Corp., LLC, etc.*
- *If you require additional space, please continue on separate paper, and make sure to attach it to this form.*

Respondent #1

Respondent #2

5. Property at Issue

- a. What is the address of the property at issue?
- b. Who owns the property involved?
- c. Who manages the property? (If applicable)
- d. Does the owner live on the property? Yes No I don't know
- e. Does the owner own more than one property? Yes No I don't know
- f. Was this property being sold or being rented? Sold Rented Not applicable
- g. Are you currently living there? Yes No
- h. What kind of property was involved?
 - Single-family house
 - Two-family house
 - Building with 2-4 apartments
 - Building with 5 or more apartments
 - Cooperative
 - Condominium
 - Mobile home
 - Commercial space
 - Other:

6. Date of alleged discrimination *(must be within one year of filing)*

The most recent act of discrimination happened on:

The first act of discrimination happened on:

7. Acts of alleged discrimination: *What did the person/company you are complaining against do?*

Check all that apply.

Refused to Rent, Sell, Sublease, Etc.

Eviction/Threat of Eviction

Falsely Represented that Housing was Not Available

Denied Equal Terms, Privileges, Services or Facilities that other Residents Have

Discriminated in Lending or Financing

Discriminatory Notice, Statement or Advertisement

Discriminatory Application

Coerced, Intimidated, Threatened or Interfered

Denied Access for Disability (including Design and Construction Issues)

Denied Request for a Reasonable Accommodation or Modification for a Disability

Other:

8. Basis of alleged discrimination

(Check **ONLY** the boxes that you believe were the **reason** for the discrimination.)

Age Date of Birth:	Source of Income Please Specify:
Alienage/Citizenship Status Please Specify:	Marital Status Please Specify:
Color Please Specify:	National Origin <i>(including ancestry)</i> Please Specify:
Creed Please Specify:	Race Please Specify:
Disability: Physical Mental Other:	Religion Please Specify:
Domestic Violence Victim Status	Retaliation <i>(for example: because you have previously filed a complaint or assisted someone with a discrimination case, etc.)</i> Please Specify:
Ethnicity Please Specify:	Sexual Abuse Victim Status
Familial Status Children under the age of 18 Pregnancy Please Specify:	Sexual Orientation Bisexual Gay Heterosexual/Straight Lesbian
Gender Sexual Harassment Gender Identity or Expression (including the Status of being Transgender/Gender Non-Conforming/Non-Binary) Please Specify:	Stalking Victim Status

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. Please explain how the discrimination was based upon the basis you checked in section "8", above TYPE OR PRINT CLEARLY.

Notarization of Complaint

I, _____, swear or affirm that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

Based on the information contained in this form, I charge the herein named respondents with unlawful discriminatory practices in violation of the Westchester County Fair Housing Law.

I acknowledge that I have not filed a complaint with the New York State Division of Human Rights, nor any other local or municipal civil rights agency, including any other commission on human rights located in any city, town, or village in the County of Westchester, where such complaint is based upon the same transaction or occurrence or series of transactions or occurrences.

Sign your full legal name

Subscribed and sworn before me
This _____ day of _____, _____

Signature of Notary Public

County:

Commission expires:

Please note: Once this form is completed, notarized, and returned to the Westchester County Fair Housing Board, it becomes a legal document and an official complaint with the Fair Housing Board.

Additional Information

(These pages are for the Fair Housing Board's records and will not be sent to the company or person(s) whom you are filing against, unless required by law.)

1. Contact information	
Your Name:	
Your Address:	
Telephone Numbers (please indicate primary number) Home: Mobile/Cellular: Work: Other:	E-mail address:
2. Alternate Contact <i>(someone who does not live with you but will know how to contact you if the Commission cannot reach you)</i> Name: Telephone number: Address: Email address: Relationship to you:	
3. Special Needs I am in need of: Interpretation (if so, what language?): Accommodation for Disability: Privacy. Keep my contact information confidential as I am a victim of domestic violence/stalking. Other:	
4. Settlement / Conciliation To settle this complaint, I would accept: (Examples: back pay, monetary damages, letter of apology, access to public accommodation, reasonable accommodation for your disability, etc.)	

5. Witnesses *(information about witnesses may be shared with parties as necessary for the investigation)*
Please Note: Witness information may be released as part of the investigation

Name:

Telephone Number:

Relationship to you:

What did this person witness?

Name:

Telephone Number:

Relationship to you:

What did this person witness?

(attach additional sheets as necessary)

6. Did you report or complain about the discrimination to anyone else? If so, who? Describe when and how you complained. If you did not complain, please explain why.

7. What happened after you complained?

8. Were others treated the same as you? Please list and explain.

9. Were others treated better than you? Please list and explain.