State of North Carolina
Human Relations Commission

HOUSING DISCRIMINATION COMPLAINT

Case Number: __________________________ Date: __________________________

1. Complainant(s): __________________________________________________________

2. Other Aggrieved Person(s): ______________________________________________

3. The following is alleged to have occurred or is about to occur: ____________________________

4. The alleged violation occurred because of: ____________________________________________

5. Address and location of the property in question (or if no property is involved, the city and state where the discrimination occurred): ____________________________________________

6. Respondent(s): _____________________________________________________________

7. The following is a brief and concise statement of the facts regarding the alleged violation:

8. The most recent date on which the alleged discrimination occurred: ________________

9. Types of Federal Funds identified: _____________________________________________

10. The acts alleged in this complaint if proven, may constitute a violation of the following:

Sign and Date this Form

I declare that I have read this complaint (including all attachments) and certify that it is true and correct, to the best of my knowledge.

Complainant’s name __________________________ Date __________________________

NOTE: HUD WILL FURNISH A COPY OF THIS COMPLAINT TO THE PERSON OR ORGANIZATION AGAINST WHOM IT IS FILED.