



City of Anderson  
Human Relations Commission  
120 E. 8<sup>th</sup> Street  
Anderson, Indiana 46016

**HOUSING DISCRIMINATION COMPLAINT INTAKE FORM**

- (1) Please read and complete this entire form.
- (2) Enclose copies (not originals) of papers or photographs concerning your complaint.
- (3) And return it to the Human Relations Department

<b><u>Person filing complaint:</u></b>			
Your Name	Address	Telephone	
_____	_____	_____	_____
City/Town	County	State	Zip
_____			
Other Contact Numbers: _____, _____			
<u>Address of the Property</u> (if not the same as above): _____			
_____			

<b><u>Name of Person (s) /Entities you are charging with discrimination:</u></b>			
Name	Address	Telephone	
_____	_____	_____	_____
City/Town	County	State	Zip Code
_____			

<b><u>Please check the nature of the Housing Complaint you are making :</u></b>				
(1) Refused to Rent, Sell or Deal with you	[ ]			
(2) Discriminated in conditions of Sale, Rental, Occupancy	[ ]			
(3) Advertised in a Discriminatory way	[ ]			
(4) Falsely denied Housing was available	[ ]			
(5) Engaged in Block Busting	[ ]			
(6) Discriminated in Financing	[ ]			
(7) Discriminated in Broker's Service	[ ]			
(8) Other _____	[ ]			
<b>Do you believe the reason for the discrimination was because of:</b>				
[ ] Disability	[ ] Race	[ ] Sex	[ ] Religion	[ ] National Origin
	[ ] Color	[ ] Familial Status	[ ] Sexual Orientation	
		[ ] Other		

**What kind of house or property was involved?**

- (1) Single Family house [ ]
- (2) Building for 2-4 Families [ ]
- (3) Building for 5 Families + [ ]
- (4) Other \_\_\_\_\_ [ ]

**Did the owner live there?** Yes [ ] No [ ]  
**Is the house or property being...** Rented [ ] Sold [ ]

**Briefly, explain the discriminatory action you believe was taken against you (Including the date):**

**Are you aware of other individuals who may have been subjected to the alleged discriminatory conduct? If yes, provide names, addresses and telephone numbers if possible:**

**Does a private attorney represent you? Yes [ ] No [ ] If yes, provide name, address, and telephone number:**

Have you filed this complaint with any other government agency, attorney or any other source?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, state: name, source and results:

**READ THE FOLLOWING BEFORE SIGNING BELOW:**

Please **ATTACH TO THIS FORM PHOTOCOPIES** of any papers, which may support your allegation(s) of discrimination. **DO NOT ATTACH ORIGINALS.**

**NOTE:** This Intake Form is NOT the equivalent of filing a formal charge with the Anderson Human Relations Commission. You will need to return to this office by appointment to sign the formal charge of discrimination, which we will notarize. You have 180 days from the last date of alleged discrimination to file your complaint with this office.

By completing this intake, I understand that the Human Relations represents the public to enforce laws designed to protect the public from patterns and practices of discrimination or discriminatory policies. I also understand that this form is an informal charge by me that I have been discriminated against and that a formal charge will be prepared by the Human Relations Department and I must return to sign it. I agree that the Human Relations Department may use its discretion to determine whether an investigation is warranted and may need to contact the person/entity I am complaining about. The above allegations are true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY

Date: [ ]

Jurisdiction: [ ]

No Jurisdiction: [ ]

Docket No: [ ]

Referred To: [ ]

INVESTIGATOR'S COMMENTS

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DIRECTOR'S COMMENTS:

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DATE RETURNED: [ ]

Call In: [ ]  
Walk In: [ ]  
Mail In: [ ]  
Received By: [ ]

**HOUSING COMPLAINT SURVEY**  
PLEASE **DO NOT** ATTACH TO INTAKE FORM

The Anderson Human Relations Department is contracted with the City of Anderson's Community Development Department for the purpose of promoting Fair Housing and to expand housing opportunities to all citizens. According to our Memorandum of Understanding ACD-93-PS-6, the Human Relations Department has agreed to maintain records for the Department of Housing and Urban Development which verifies the number of persons we serve in the area of housing, and their demographic information (i.e., household status, sex, race, income), of our clients. [Please Note: the content of your complaint **will not** be released to anyone]. Please assist us by completing the following survey:

**Today's Date:** \_\_\_\_\_

**Are you the Head of Household?**                      Yes [  ]                      No [  ]

**Number in your Household?**    [  ]

**Sex:**    Male [  ]    Female [  ]

**Race:** Black [  ]    White [  ]                      Hispanic [  ]

American Indian [  ]    Asian [  ]    Alaskan Native [  ]    Pacific Is [  ]

**Please Indicate your Income and Family Size:**

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$22,450	25,650	28,850	32,050	34,600	37,200	39,750	42,300
\$13,500	15,400	17,350	19,250	20,800	22,350	23,850	25,400
\$35,900	41,050	46,150	51,300	55,400	59,500	63,600	67,700

