

# FAIR HOUSING DISCRIMINATION COMPLAINT

If you believe that you have been discriminated against in violation of the Fair Housing Law, you may file a complaint with the Village of Boaz. Your complaint must be filed within **one year** of the action you believe was discriminatory. Additionally, your complaint may be sent to other Fair Housing agencies that assist in regard to Fair Housing unless indicated otherwise on this form.

## 1. Complainant Information

First Name		
Middle Initial		
Last Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number		
E-Mail Address		

## 2. Respondent Information

Name of the housing provider you believe discriminated against you. If more than one respondent, list each separately on an extra sheet.		
Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number		

### 3. Your complaint may be filed with another agency unless you check “no” below

Yes, you may forward this complaint to other fair housing enforcement agencies

No, you may not forward this complaint to other fair housing enforcement agencies

### 4. Name of county in which the discrimination occurred: \_\_\_\_\_

### 5. Basis (circle the applicable characteristic(s) or protected class(es) the discrimination is based upon):

- RELIGION      RACE      SEX      MARITAL STATUS      AGE (18+)      COLOR
- SEXUAL ORIENTATION      FAMILY STATUS      DISABILITY      ANCESTRY
- NATIONAL ORIGIN      LAWFUL SOURCE OF INCOME      GENDER IDENTITY
- GENDER ORIENTATION
- STATUS AS A VICTIM OF DOMESTIC ABUSE, SEXUAL ABUSE, OR STALKING

**Fair Housing Agencies your complaint may be shared with, should you choose “yes”:**  
**Wisconsin Equal Rights Division, United States Equal Opportunities Commission,**  
**United States Department of Justice, or the United States Department of Housing and**  
**Urban Development**



**Availability:** (Important! You must notify the Village of Boaz if you change your address or phone number within 30 days. If we are unable to contact you, your complaint may be dismissed.)

What days and times are you usually available to discuss your complaint?

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In case we cannot reach you, please provide the name, address, and phone number of a person who does not reside with you but will always know where you live and how to reach you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

**Action Requested:**

At this time, what action are you requesting to occur to resolve your complaint?

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**Complaint Information:**

Have you filed this charge with any other agency?  Yes  No

If so, name of agency: \_\_\_\_\_

Date filed: \_\_\_\_\_

**Mail or deliver your complaint to:**

Village of Boaz  
17010 State Highway 171  
Richland Center, WI 53581