

**COMMUNITY
DEVELOPMENT & HOUSING**

BRAD D. WHALEY
DIRECTOR

(302) 855-7777 T
(302) 854-5397 F



Sussex County

DELAWARE
sussexcountyde.gov

**SUSSEX COUNTY
HOUSING DISCRIMINATION COMPLAINT
INTAKE FORM**

1. Name of aggrieved person or organization (Please print legibly or type)																																																				
Daytime Phone ()	Evening or Cell Phone ()	Email Address																																																		
Street Address (city, state, and zip code)																																																				
Name of contact person	Daytime Phone ()	Evening or Cell Phone ()																																																		
2. Against whom is this complaint being filed? (name(s), title of person(s), organization or County department/division)																																																				
<p>3. Do you believe that you were discriminated against because of your race, color, national origin, religion, sex, familial status, handicap/disability, creed, marital status, age, sexual orientation, or gender identity? Check all that apply.</p> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Race or color (Specify)</td> <td><input type="checkbox"/> Religion (Specify)</td> <td><input type="checkbox"/> Sex</td> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> Marital Status</td> </tr> <tr> <td><input type="checkbox"/> Black</td> <td></td> <td><input type="checkbox"/> Female</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> White</td> <td>_____</td> <td><input type="checkbox"/> Male</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> National Origin (Specify)</td> <td><input type="checkbox"/> Creed (Specify)</td> <td><input type="checkbox"/> Gender Identity</td> <td><input type="checkbox"/> Sexual Orientation</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Familial Status</td> <td><input type="checkbox"/> Handicap/Disability</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Presence of children under 18 in the family</td> <td><input type="checkbox"/> Physical</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Presence or pending custody of a minor</td> <td><input type="checkbox"/> Mental</td> <td></td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Race or color (Specify)	<input type="checkbox"/> Religion (Specify)	<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Black		<input type="checkbox"/> Female			<input type="checkbox"/> White	_____	<input type="checkbox"/> Male			<input type="checkbox"/> Other					_____					<input type="checkbox"/> National Origin (Specify)	<input type="checkbox"/> Creed (Specify)	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Sexual Orientation		_____	_____				<input type="checkbox"/> Familial Status	<input type="checkbox"/> Handicap/Disability				<input type="checkbox"/> Presence of children under 18 in the family	<input type="checkbox"/> Physical				<input type="checkbox"/> Presence or pending custody of a minor	<input type="checkbox"/> Mental			
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4. What did the person you are complaining against do? Check all that apply.
- Made housing unavailable to you because of your race, color, religion, creed, sex, familial status, national origin, age, handicap/disability, marital status, sexual orientation, or gender identity?
 - Discriminated in the terms, conditions, or privileges of the sale, rental, or rehabilitation of a dwelling
 - Discriminated in the provision of services or facilities in connection with the sale, rental, or rehabilitation of a dwelling
 - Engaged in discriminatory advertising or statements with respect to a housing transaction or project
 - Interfered with the funding, development, or construction of affordable housing
 - Enforced a zoning or land use law, regulation, policy or procedure that you believe is discriminatory
 - Coerced, intimidated, or threatened you to keep you from exercising your rights under the State or Federal Fair Housing Law
 - Other (Explain)

5. When did the act(s) checked in Item 4 occur?

6. Summarize in your own words what happened. Use this space for a brief and concise statement of facts. Additional details may be submitted on an attachment. Sussex County Government will furnish a copy of the complaint to the person or organization against whom the complaint is made.

7. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

Signature and Date:

THIS SHADED SECTION FOR COUNTY USE ONLY.

Intake Staff Name	Filing Date	File Number