*(Complete this form if you allege housing discrimination in the City of Naperville.)*

**Please read this entire form and all the instructions carefully before completing.**

All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original.

Complaints may be presented in person, mailed, or submitted electronically to the City of Naperville Community Services Dept., 400 S. Eagle Street, Naperville, IL 60540. If you have questions, please call (630) 420-6190 or email [WilliamsG@naperville.il.us](mailto:WilliamsG@naperville.il.us).

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| --- | --- | --- | --- | --- | --- |
| **1. Name of Aggrieved Person or Organization** (last name, first name, middle initial) | | | | Phone Number | |
| Street Address (street, city, county, state & zip code) | | | | Email Address | |
| **2. Against whom is this complaint being filed?** (last name, first name, middle initial) | | | | Phone Number | |
| Street Address (street, city, county, state & zip code) | | | | Email Address | |
| If you named an individual above who appeared to be acting for a company in this case, check here  and write the name and address of the company: | | | | | |
| Name: | | | Address: | | |
| Check the applicable box(es) which describe(s) the party named above: (Check all that apply)  Builder Owner  Broker Salesperson Supt. or Manager Bank or Other Lander Other: | | | | | |
| **3. What did the person named in #2 above do?** | | | | | |
| Refused to rent, sell, or deal with you  Discriminated in broker's services  Discriminated in the conditions or terms of sale, rental occupancy, or in services or facilities | | Falsely denied housing was available  Advertised in a discriminatory way  Intimidated, interfered, or coerced you to keep you from the full benefit of the Fair Housing Law | | Engaged in blockbusting  Discriminated in financing  Aided, Abetted, or Retaliated  Other (explain) | |
| **4. For what reason do you believe you were discriminated against?** (Check all that apply) | | | | | |
| Race/Color  Black  White  Other  Marital Status  Single  Married  Divorced  Widowed | Religion (specify):  Military Status  Active Duty  Veteran  Other | Sex  Female  Male  Gender Identity  Age (specify):  (40 or over) | Sexual Orientation (specify):  Disability  Physical  Mental | Familial Status  Children < 18 in the family  Pregnant  Other  Legal Source of Income (specify): | National Origin (specify):  Ancestry (specify): |
| **5. What kind of house or property was involved?** | | Did the owner live there? | Is the house or property … | What is the address of the property? (street, city, county, state & zip code) | |
| Single-family house  A house/building for 2-4 families  A building for 5 or more families  Other (specify): | | Yes  No  Unknown | Being sold  Being rented |

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| --- | --- | --- |
| **6. Summarize what happened.** Use this space for a brief and concise statement of the facts. Additional details and any supporting documents may be submitted as attachments. | When did the act(s) checked in #3 above occur? (Use the most recent date if several dates are involved)  \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ | |
| **7. If you prevail, what result are you seeking from your complaint? (for example, rental of the property at issue, etc.)** | | |
| **8. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.** | | |
| Signature | | Date |

|  |  |
| --- | --- |
| ***For Office Use Only*** | |
| Date Received: | Distributed: |
| \_\_\_\_\_\_\_\_\_\_  City Clerk’s Office  \_\_\_\_\_\_\_\_\_\_  Legal Department  \_\_\_\_\_\_\_\_\_\_  Human Rights and Fair Housing Commission |