



City of Albany Fair Housing Discrimination Complaint Form

FAIR HOUSING OFFICE
CITY OF ALBANY, NY
200 Henry Johnson Blvd.
Albany, NY 12210
AAHRENS@albanyny.gov
(518) 807-1998

Read entire form and fill out to the best of your ability. Complaints can be submitted in person, by email, or physically mailed to the office, and all contact information is listed above. Please note: You must file your complaint within one year of the most recent act of alleged discrimination.

1. Complainant Information		2. Respondent Information	
Name of person making complaint:		Name of person(s) you are making the complaint against:	
Address		Apt. #	
City	State	Zip Code	
Telephone Number			
Email			

3. Act(s) of housing discrimination: Check all that apply.					
<input type="checkbox"/> Refused to rent or sell to me	<input type="checkbox"/> Told housing was not available when in fact it was	<input type="checkbox"/> Evicted me or attempted to evict me	<input type="checkbox"/> Charged extra fees; Rent or interest rate is higher than average	<input type="checkbox"/> Extra requirements were added to get an apartment, home, or lease	
<input type="checkbox"/> Advertised in a discriminatory way	<input type="checkbox"/> Unable to access property or facilities due to my disability	<input type="checkbox"/> Steered me to a different area or property than I wanted	<input type="checkbox"/> Invited to sell or move out of house due to the fear of an ethnic or social group moving into the neighborhood (Blockbusting)	<input type="checkbox"/> Other	
4. Reason(s) why you or someone you are associated with were discriminated against: Check all that apply and specify.					
<input type="checkbox"/> Race or Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion		<input type="checkbox"/> Military Status	<input type="checkbox"/> Disability
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Arrest Record		<input type="checkbox"/> Marital Status	<input type="checkbox"/> Family Status
<input type="checkbox"/> Immigration Status	<input type="checkbox"/> Domestic Violence Status	<input type="checkbox"/> Source of Income	<input type="checkbox"/> Age	<input type="checkbox"/> Gender Identity or Expression	<input type="checkbox"/> Use of Service or Companion Animal
5. Summarize the complaint: Include dates of discriminatory act(s).					

6. Address of the property complaint is involved in:					
7. Type of property that was involved: Check all that apply.					
<input type="checkbox"/> Single-family house <input type="checkbox"/> Two-family house <input type="checkbox"/> Building with 2-4 units <input type="checkbox"/> Building with 5 or more apartments <input type="checkbox"/> Mobile home					
<input type="checkbox"/> Land <input type="checkbox"/> Commercial space <input type="checkbox"/> Other _____					
8. Owner lived on the property: Select one.			<input type="checkbox"/> Yes	or	<input type="checkbox"/> No
9. You lived on the property: Select one.			<input type="checkbox"/> Yes	or	<input type="checkbox"/> No
10. Was the property: Select one. <input type="checkbox"/> Being sold <input type="checkbox"/> Being rented <input type="checkbox"/> N/A					

I certify, under penalty of perjury, that I have read this complaint and that it is true and correct to the best of my knowledge. This complaint is not being used for any improper use, such as retaliation or harassment. I understand that this complaint may be provided to the respondent and others under the City of Albany Fair Housing Office procedure.					
11. Signature of Complainant or Authorized Representative				Date Signed	

What is Covered Under Fair Housing Laws: The City of Albany Fair Housing Office investigates complaints of housing and housing related discrimination based on the below protected groups:	
Age applies to someone over 18 years old.	Disability based on physical or mental condition, which also includes any reasonable accommodations needed for such condition(s).
Religion applies to being a member of a certain religious group, belief, practice or observance, or lack of religion.	Sexual Orientation applies to people who are heterosexual, homosexual, bisexual, asexual, etc. whether it is actual or perceived.
Lawful Source of Income includes but is not limited to child support, alimony, foster care subsidies, Social Security benefits, and public assistance such as Section 8 and other housing vouchers.	Gender Identity or Expression is the actual or perceived gender related identity, appearance, behavior, expression, or other gender related characteristics regardless of the sex assigned to the person at birth.
Familial Status when you are pregnant, have children under 18 years old, or in the process of obtaining custody of children.	Marital Status relates to being single, married, separated, divorced, or widowed.
Military Status applies to active duty, reserves, or being a veteran.	National Origin is the country where you or your ancestors were born.
Race or Color such as being African American, Black, White, Pacific Islander, mixed race, etc. It also includes ethnicity and traits historically associated with race such as hair style or texture.	Arrest Record that was resolved in your favor, dismissed, or concealed. It applies to all types of claims except claims about vacant land or commercial space.
Immigration Status refers to being a permanent resident hold, immigrant visa, or undocumented	Domestic Violence Status applies to victims of domestic violence, dating violence, sexual assault, and stalking
Sex relates to your gender including sexual stereotyping, sexual harassment, or pregnancy.	Relationship or Association with a member of a protected group listed here.

Demographic Information: We highly encourage you to fill out the below information. This information is used to track who we are helping and to ensure that the City of Albany is being equitable in its policies.			
Race: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander	Source of Income: <input type="checkbox"/> Employment <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension(s) or retirement account(s) <input type="checkbox"/> Social Security (SSI, SSDI, retirement) <input type="checkbox"/> Child support <input type="checkbox"/> Other _____	Citizenship Status: <input type="checkbox"/> Citizen or Naturalized Citizen <input type="checkbox"/> Green Card/ Permanent Resident <input type="checkbox"/> Visa Holder (Work, School, or Visitor)	Age: <input type="checkbox"/> 18-30 years old <input type="checkbox"/> 31-49 years old <input type="checkbox"/> 50-65 years old <input type="checkbox"/> 66+ years old
Sex/Gender: <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Do you have kids under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Annual Household Income: \$_____	

The information requested below is to better help the City of Albany's Fair Housing Office assist in your housing discrimination complaints. Any information in this section will be kept private and will not be shared with anyone else.	
1. Do you have any special needs? Check all that apply. <input type="checkbox"/> Interpretation service: Please specify language. _____ <input type="checkbox"/> Accommodations for a disability: Please specify. _____ <input type="checkbox"/> Privacy to keep my contact information confidential due to being a victim of domestic violence. <input type="checkbox"/> Other: _____	
2. Are you interested in settling this complaint by conciliation? Please explain in the area below what you want to happen as a result of this complaint and what would you accept to settle this complaint. (Ex: Letter of apology, end to harassment, withdrawal of eviction, access to the property, reasonable accommodations for your disability, compensation, etc...)	
3. Are there witnesses to the discriminatory act? List people that have seen or heard the discrimination and can act as witnesses. Name: _____ Telephone Number: _____ Name: _____ Telephone Number: _____	