

VILLAGE OF ARLINGTON HEIGHTS FAIR HOUSING COMPLAINT FORM

Village of Arlington Heights ordinance prohibits discrimination in housing on the basis of race, color, religion, national origin, familial status, disability, sexual orientation, or any other unlawful discrimination listed in Article 3 of the Illinois Human Rights Act, 775 ILCS 5/3-101 et seq. as now or hereafter amended. This form is to be used to provide information about incidences of housing discrimination to the Village of Arlington Heights.

- Read this form carefully. Try to answer all of the questions. If you do not know the answer or a question does not apply to you leave the space blank.
- You have 60 days from the date of the alleged act of discrimination to file your complaint.
- After your information is received, we will contact you to discuss the concerns you raise.

Name:	Best Time to Call:	Daytime Phone Number:
Your Address:		Evening Phone Number:
City:	State:	Zip:

Who else can we call if we cannot reach you?

1. Contact's Name:	Daytime Phone Number:
Best time to call:	Evening Phone Number:
2. Contact's Name:	Daytime Phone Number:
Best time to call:	Evening Phone Number:

1: What happened to you? How were you discriminated against? For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing? State briefly what happened.

2: Why do you believe you are being discriminated against?

It is a violation of the law to deny you your housing rights for any of the following factors: race, color, religion, national origin, familial status, disability, sexual orientation, or any other unlawful discrimination listed in Article 3 of the Illinois Human Rights Act, 775 ILCS 5/3-101 et seq., as amended. For example: Were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children? Were you harassed because you assisted someone in obtaining their fair housing rights? Briefly explain why you think your housing rights were denied because of any of the factors listed above.

3: Who do you believe discriminate against you? Was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Name: _____

Address: _____

4: Where did the alleged act of discrimination occur? Provide the address. For example: Was it at the rental unit? Single-family home? Public or assisted housing? Did it occur at a bank or other lending institution?

Address: _____

City: _____

State: _____

Zip: _____

5: When did the last act of discrimination occur?

Enter the date: (mm/dd/yyyy) _____

Is the alleged discrimination continuous or on going?

Yes

No

Signature: _____

Date: _____

The information collected here will be used to investigate and to process complaints regarding discrimination in housing. If you are unable to complete this form, you may call the Village of Arlington Heights' Department of Planning & Community Development at (847) 368-5200.

Send this form to:

Village of Arlington Heights
Fair Housing Review Board
Department of Planning & Community Development
33 S. Arlington Heights Road
Arlington Heights, IL 60005
Fax: 847-368-5988
planningmail@vah.com