Housing discrimination is illegal.

York City Human Relations Commission
368 W. Princess St.
York, PA 17401
(717) 846-2926
FAX: (717) 845-4853

Housing and commercial property may not be withheld because of unlawful discrimination based on:

- Race
- Color
- Sex
- Religion
- National Origin
- Ancestry
- Handicap/Disability
- Support Animals
- Age
- Pregnancy
- Familial Status
- Sexual Orientation
- Retaliation

For more information on your rights in housing, employment or public accommodation, call the York City Human Relations Commission at 846-2926 or visit www.yorkcity.com.
HOUSING DISCRIMINATION COMPLAINT

Please type or print this form.

1. NAME of aggrieved person or organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)

STREET ADDRESS (City, County, State and Zip Code)

2. AGAINST WHOM IS THIS COMPLAINT BEING FILED? Name (last name, first name, middle initial)

STREET ADDRESS (City, County, State and Zip Code)

Check the applicable box or boxes which describe(s) the party named above:

• Builder
• Owner
• Broker
• Salesperson
• Superintendent or Manager
• Bank or other Lender
• Other (__________)

If you named an individual above who appeared to be acting for a company in this case, check this space ______ and write

Name and address of the company:

Name of Company

Address of Company

________________________________________________________________________________________________________

3. What did the person you are complaining against do? Check all that apply and give the most recent date these act(s)
occurred in block 6 a.

• Refuse to rent, sell or deal with you
• Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities provided
• Discriminate in financing
• Discriminate in advertising
• Engage in blockbusting
• Discriminate in housing
• Falsely deny housing was available
• Discriminate in the presence of children under 18, a pregnant female or the use of a guide or support animal

• Other (explain) __________________________________________________________________________________________

4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, national origin, age, sexual orientation, the presence of children under 18, a pregnant female or the use of a guide or support animal? Check all that apply.

• Race or color
• Religion
• Sex
• Handicap
• National Origin
• Black (Specify)
• Male
• Physical
• Hispanic
• White
• Female
• Mental
• American
• Other
• Sexual Orientation
• Age

5. What kind of house or property involved?

• Single family house
• A house of buildings for
• two units or
• three or more units
• Commercial property

Did the owner live there?

Yes
No
Unknown

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.

6a. When did the act(s) check in item 3 occur? (Include the most recent date if several are involved)

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:

________________________________________________________________________________________________________

FORM YCHR 903 (2/06)

Fold and seal with tape