

FAIR HOUSING

CENTER OF WASHINGTON

Embracing Diversity, Advocating Equality

FILING A FAIR HOUSING COMPLAINT

The Fair Housing Center of Washington (FHCW) handles housing discrimination complaints based on federal and state protected classes such as race, color, national origin, religion, sex, disability, familial status, sexual orientation, gender identity, veteran status, and/or marital status.

PLEASE NOTE: *If you are a person with a disability who needs assistance with a request for reasonable accommodation and/or reasonable modification, please see [Requesting a Reasonable Accommodation/Modification](#)*

To begin the complaint process with FHCW, you will need to provide the following:

- Complaint Intake Questionnaire
- Release of Information
- Representation Agreement
- Complainant Contact Form

IMPORTANT

In order to process your complaint, it is imperative that you provide sufficient evidence to support your claim(s) of discrimination. Examples of sufficient, substantiating evidence for a strong case would be:

- Copies of any notices you have received related to the complaint
- Statements from witnesses
- Statements from neighbors who are:
 - in the same protected class who have experienced similar discriminatory treatment; or
 - not in the same protected class who have experienced different treatment
- Correspondences between yourself and the respondent(s) that are related to complaint (e.g. text messages, emails, letters, etc.)
- Photographic evidence
- In the case of a reasonable accommodation / modification that has been denied, proof that the request was submitted and denied/ignored.

Evidence should be submitted alongside your intake paperwork, or within 15 days of contacting FHCW about your complaint.

1517 Fawcett Avenue, Suite 250 Tacoma, WA 98402

Phone: 253-274-9523 | Fax: 253-274-8220

Email: info@fhcwwashington.org | Website: www.fhcwwashington.org

Executive Director Jonathan Jackson

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COMPLAINT INTAKE QUESTIONNAIRE

PLEASE TELL US ABOUT YOURSELF

Prefix: _____ First Name: _____ Last Name: _____ Suffix: _____

Date of Birth: _____ Gender: _____ Race: _____ Ethnicity: _____

Marital Status: _____ Number of adults living in your home: _____ Number of children: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

How long have you lived at this address? _____ What is your monthly rent/mortgage payment? _____

Number of bedrooms: _____ Property name (if applicable): _____

Property type:

- Condo Single-family home Multi-family home Townhouse Duplex Apartment Coop
 Mobile/Manufactured home Other: _____

Monthly household income: _____

Do you or someone in your home receive Social Security Benefits? (indicate type: SS, SSI, SSDI, SSD): _____

Do you receive housing assistance? (e.g. Section 8) *indicate type*: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

What is your preferred contact method? (You may mark both options)

Phone Please provide a time that is best to contact you: _____

Email

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Address where the discriminatory act took place? Same as mailing address (skip to next section)

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Property name (if applicable): _____

What is the name and contact information of the manager, onsite landlord, or owner for the property?

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Website: _____

Is there a property management company for this property? If so, what is the name of the company and contact information of the company?

Name of Property Management Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Website: _____

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RELEASE OF INFORMATION

The Fair Housing Center of Washington accepts and investigates housing discrimination complaints. While investigating a complaint, it may be necessary to consult with other service providers. The Fair Housing Center cannot investigate or refer complaints without a client's written permission. **Please complete the information requested below and mark the box(es) to indicate which agencies may receive or release information necessary to the investigation of your allegations of housing discrimination.**

NAME(S): _____

ADDRESS: _____

PHONE: _____

- Fair Housing Enforcement Agencies, including but not limited to:** *the US Department of Housing and Urban Development, WA State Human Rights Commission, Seattle Office of Civil Rights, City of Tacoma Human Rights Department, and the US Department of Justice*
- Partner agencies that can provide technical assistance with your case, including but not limited to:** *the Northwest Fair Housing Alliance and the National Fair Housing Alliance.*
- Your housing provider or agents of your housing provider.**
- Legal services providers and/or private attorney**
- Social services providers**
- Other approved agencies (list here):** _____

I hereby authorize the Fair Housing Center of Washington to release and/or receive any information relevant to my case with the parties indicated above:

Signature

Date

Signature

Date

Approval by Representative of the Fair Housing Center of Washington

Printed Name

Title

Signature

Date

Fair Housing Center of Washington // 1517 S. Fawcett, Suite 250, Tacoma, WA 98402
Voice 253-274-9523 // Fax 253-274-8220 // Toll Free 888-766-8800 // info@fhcwwashington.org

FHCW CASE # _____

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REPRESENTATION AGREEMENT

To: U.S. Department of Housing and Urban Development

From: NAME(S): _____

ADDRESS: _____

PHONE: _____

I request that the **Fair Housing Center of Washington** represent me and my interests during the investigation and in the conciliation process with respect to my complaint against _____ and other named Respondents. Further, I hereby authorize the Fair Housing Center of Washington to release and/or receive any information relevant to my case and to negotiate on my behalf during the conciliation process.

Signature Date

Signature Date

Approval by Representative of the Fair Housing Center of Washington

Printed Name Title

Signature Date

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CONTACT INFORMATION SHEET

It will be necessary for us to contact you in order to process your complaint. If you move or you contact information changes, please notify us of your new address and/or telephone number immediately.

Please provide us with the name, address, phone number, and email of at least two people who can help us get in contact with you in the event we cannot reach you directly.

ALTERNATE CONTACT 1

Name: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

ALTERNATE CONTACT 2

Name: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

ALTERNATE CONTACT 3

Name: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

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