City of Jacksonville
Community Development

Please print legibly.

EQUAL HOUSING
OPPORTUNITY

Fair Housing Complaint Form

Title VII of the Civil Rights Act of 1968 (Federal Fair Housing Law) prohibits discrimination based on race, color, national origin, religion, sex, familial status or disability. The City of Jacksonville has been authorized and directed to receive complaints of alleged acts of housing discrimination within the City of Jacksonville. Complaints must be received in person or in written form within 90 days of the alleged incident.

Information (Please fill out in full so we may serve you more efficiently)

Full Name:

Address: (street, city, state, zip code)

Phone: Email:

1. Who do you feel discriminated against you? For example, a landlord, owner, bank real estate agency, broker, company, or organization?

Name: Organization Name:

Title: Phone:

Address: (street, city, state, zip code)

2. What happened to you? How did the discrimination occur? For example, were you denied a loan? Were you told that housing was not available when it actually was? Were you treated differently than other renters/buyers?

3. When did the act of discrimination occur?

Date: Is the act of discrimination still occuring: ☐ No   ☐ Yes

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4. Where did the act of discrimination occur? For example, was it a rental unit, a bank or financial institution, or a single-family home? Please provide the address.

Name:
☐ Rental Unit
☐ Real Estate Agency
☐ Public/Assisted Housing
☐ Bank
☐ Single Family
☐ Other: *(specify)* _____

Address: (street, city, state, zip code)

Phone:

5. Why do you feel you are being discriminated against? It is against the law to be denied housing based on any of the following factors:

Name:
☐ Race
☐ Religion
☐ Color
☐ Familial Status *(families with children under 18)*
☐ National Origin
☐ Sex
☐ Disability

Briefly describe why you believe you were denied housing rights **because of** one of the factors listed above. For example, were you denied a mortgage loan because of your religion or turned down for an apartment because you have children?

Signature: _____   **Date:** _____

Please return completed form to: City of Jacksonville
Attn: Carmen Miracle, Fair Housing Complaint Officer
815 New Bridge Street
PO Box 128
Jacksonville, NC 28541-0128

Email: cmiracle@jacksonvillenc.gov ● **Phone:** 910 938-5224 or 910 455-8852