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Para adquirir la versión traducida, por favor comuníquese al 312-935-2600

## APPLICANT/PARTICIPANT DISCRIMINATION COMPLAINT FORM

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Este formulario se puede traducir al español. Para adquirir la versión traducida, por favor comuníquese al 312.913.7062

Mẫu đơn này có thể được dịch sang tiếng Việt. Vui lòng gọi số 312.913.7062 để có bản dịch

该表可翻译为请插入语言的种类 如需将该表译为其他语言, 请拨打312.913.7062

Niniejszy formularz może zostać przetłumaczony na język polski. W celu otrzymania wersji przetłumaczonej, proszę dzwonić pod numer 312.913.7062

Данная форма может быть переведена на русский язык. Пожалуйста, позвоните по номеру 312.913.7062, чтобы получить перевод

Ang pormularyong ito ay maisasalin sa Tagalog. Mangyaring tumawag sa 312.913.7062 para sa naisaling bersiyon"

„Ovaj obrazac se može prevesti na srpsko-hrvatski jezik. Molimo pozovite 312.913.7062 za prevedenu verziju“

اس فارم کا ترجمہ اردو میں کیا جاسکتا ہے  
براہ کرم ترجمہ شدہ ورژن کیلئے 312.913.7062 پر فون کری

### Instructions:

The Chicago Housing Authority (CHA) is committed to protecting the integrity of the federal programs it administers. If you have reason to believe that you have been discriminated against in connection with CHA's Housing Choice Voucher (HCV) Program, report the matter promptly to CHA.

**Note:** You have **one year** from the date of the alleged violation to file a complaint.

There are four ways to file a discrimination complaint:

- 1. Mail:** Chicago Housing Authority  
Attn: Fair Housing Compliance Manager  
60 E. Van Buren Street, 12<sup>th</sup> Floor  
Chicago, IL 60605
- 2. Fax:** 312-913-7621
- 3. E-mail:** [fairhousing@thecha.org](mailto:fairhousing@thecha.org)
- 4. In Person:** Deliver your completed complaint form to any of the CHA Offices listed below.

CHA's Housing Rights and Nondiscrimination Department will send you an Acknowledgement of Receipt within 10 business days after receipt of the Discrimination Complaint Form.

Rev. 07032013, Eff. 08012013, CHA-0035

### CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS

<input type="checkbox"/> <b>Central Office</b> 60 E. Van Buren Street, Chicago, IL 60605	<input type="checkbox"/> <b>South Office</b> 10 W. 35th Street, Chicago, IL 60616	<input type="checkbox"/> <b>West Office</b> 2750 W. Roosevelt Road, Chicago, IL 60608
<b>CHA Customer Call Center / TTY</b> 312-935-2600 / 312-461-0079	<b>Web</b> <a href="http://www.thecha.org/hcv">www.thecha.org/hcv</a>	<b>Email</b> <a href="mailto:hcv@thecha.org">hcv@thecha.org</a>



**CHA**

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**Contact Information**

Date **(required)**: \_\_\_\_\_ Client or Voucher Number **(required)**: \_\_\_\_\_

Name **(required)**: \_\_\_\_\_  
(Last) (First)

Address **(required)**: \_\_\_\_\_  
(Street) (Apt/Unit #)

\_\_\_\_\_  
(City) (State) (ZIP Code)

Phone Number **(required)**: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Respondent Information**

Name of the person(s) who you believe treated you unfairly:

\_\_\_\_\_  
(Last) (First)

Address of the person(s) who you believe treated unfairly (if known):

\_\_\_\_\_  
(Street) (Apt/Unit #) (City) (State) (ZIP Code)

Phone number of the person(s) who you believe treated unfairly (if known): \_\_\_\_\_

Check the box which best describes the person who you believe treated you unfairly:

- Property Owner or Manager
- CHA Employee/HCV Program Employee
- Other: \_\_\_\_\_

**Discrimination Complaint**

What is the alleged basis of the unfair treatment? (Check all that apply)

- Race
- National Origin
- Religion
- Military Status
- Source of Income
- Age
- Disability
- Sex
- Retaliation
- Other: \_\_\_\_\_
- Color
- Marital/Familial Status
- Sexual Orientation
- Victim of Domestic Violence

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Please explain how you believe you were treated unfairly:

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Where did this treatment occur?

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When did this treatment occur? Please provide date(s) and time(s) of occurrence(s).

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Why do you believe that you were treated unfairly?

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Were there any witnesses? Please provide names and contact information.

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**Assistance**

What type of assistance are you seeking?

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- |   |  |  |
|---|--|--|
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Complaint Filing

Have you filed this complaint with any other agency? [ ] Yes [ ] No

If Yes, with whom did you file?

- [ ] Department of Housing and Urban Development (HUD)
[ ] Chicago Commission of Human Rights
[ ] Illinois Department of Human Rights
[ ] Other: \_\_\_\_\_

If 'Yes', when did you file the complaint? \_\_\_\_\_ (Date)

Do you have legal representation regarding this issue? [ ] Yes [ ] No

If Yes, who is your legal representation?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

Your Right to File a Discrimination Complaint

Any Applicant or Participant of housing who believes that he/she has experienced discrimination has a right to file a formal complaint with the federal, state or local agencies listed below (in addition to the one filed with CHA).

Illinois Department of Human Rights
James R. Thompson Center
100 West Randolph Street, Suite 10-100, Chicago, Illinois 60601
312-814-6200 (Voice), 217-785-5125 (TTY)

City of Chicago
Commission on Human Relations
740 N. Sedgwick, 3rd Floor, Chicago, IL 60654
312-744-4111 (Voice), 312-744-1088 (TDD)

U.S. Department of Housing and Urban Development
Metcalfe Federal Building
77 West Jackson Boulevard, Chicago, IL 60604
312-353-5680 (Voice), 312-261-5944 (TTD)

I swear or affirm that I have read this complaint and that it is true and correct to the best of my knowledge, information and belief. I give permission to each named respondent to release to the Chicago Housing Authority any records or other evidence relevant to the allegations in this complaint.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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