



City Of Boston
Martin J. Walsh, Mayor

HOUSING DISCRIMINATION INTAKE FORM

This form is for intake purposes ONLY and does not indicate that the Office of Fair Housing and Equity or its Commissions have accepted this report as a valid complaint

Please check off the appropriate box below if you believe it played a role in your complaint

- | | | |
|---|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Children | <input type="checkbox"/> Color |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Gender Identity and Expression |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Military Status | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Source of Income |

CONTACT INFORMATION:

First and Last Name: _____ Date _____

Home Address: _____ City _____ State _____ Zip: _____

Phone: _____ E mail _____

Additional Contact Information: _____

What else do we need to know about you? (e.g Translation, Reasonable Accommodation)

Who referred you? How did you hear about our office? _____

COMPLAINT INFORMATION:

1) Why do you believe you were discriminated against?

2) Who do you believe discriminated against you? (Name, address and phone)

3) What happened?

4) When did the discrimination happen? (Date) _____

5) Where did the discrimination happen?

Street _____ **Boston, MA** _____

Office Use Only:

Intake Completed By _____