



City of Carbondale
 City Clerk
 200 S. Illinois Avenue
 Carbondale, Illinois 62901
 Phone (618) 457-3281
 Fax (618) 457-3283
 Explorecarbondale.com

FAIR HOUSING DISCRIMINATION COMPLAINT FORM

<p>If you have a complaint under Ordinance No. 95-92 or 2003-66 complete this form and mail or deliver it to the Carbondale City Clerk's Office, P.O. Box 2047, Carbondale IL 62902-2047 within 30 days from the commission of the alleged violation or 180 days in the case of a relocation grievance.</p>				
Name		Phone		Email
Address				
I may also be contacted through				
Name		Phone		Email
Address				
List the party or parties who allegedly discriminated against you				
Name		Phone		Company Name (if known)
Address				
Other Parties (if any)				
Cause of discrimination (check all that apply)			Date of alleged violation	
Race	Color	Religion	National Origin or Ancestry	Marital Status
Sex	Age	Disability	Sexual Orientation	Familial Status
Specifically describe the act and how you believe you were treated differently than other persons. (Attach separate sheet if necessary)				
I swear or affirm that I am the Complainant herein and that I have read the above complaint and that it is true to the best of my knowledge, information and belief.				
Signature			Date	
Subscribed and sworn to before me this _____ day of _____, 20____			Notary Public	