

## The Virginia **HOUSING DISCRIMINATION COMPLAINT FORM**

[Title 36. Housing](#) » Chapter 5.1.

Virginia Fair Housing Law

§ 36-96.1.B

“It is the policy of the Commonwealth of Virginia to provide for fair housing throughout the Commonwealth, to all its citizens, regardless of race, color, religion, national origin, sex, elderliness, familial status, disability, sexual orientation, gender identity, status as a veteran, or source of funds, and to that end **to prohibit discriminatory practices with respect to residential housing** by any person or group of persons, in order that the peace, health, safety, prosperity, and general welfare of all the inhabitants of the Commonwealth may be protected and insured...”

### Who we are - The Virginia Fair Housing Office

The Virginia Fair Housing Office (the “FHO”) is part of the Department of Professional and Occupational Regulation (the “Department”). The FHO is responsible for reviewing housing discrimination complaints to determine whether there is an alleged violation of the Virginia Fair Housing Law. Additional information can be found on the department’s website under the Fair Housing Office section: [www.dpor.virginia.gov/FairHousing/](http://www.dpor.virginia.gov/FairHousing/).

### When to File a Complaint

If you believe a discriminatory housing practice has occurred or is about to occur, you have the right to submit a complaint with the FHO. Complete the form and provide additional documentation to support the allegation. If assistance is needed completing the form, contact the FHO, an attorney, or authorized representative for assistance.

A Fair Housing complaint should be submitted as soon as the alleged housing discriminatory practice has occurred or is about to occur. A complaint that is received more than one year after the occurrence or termination of the alleged discriminatory housing practice cannot be investigated by this office. If the alleged discriminatory housing practice is continuing, the complaint may be submitted at any time.

You may also commence a civil action in the appropriate United States District Court or state court no later than two years after the occurrence or termination of an alleged discriminatory housing practice.

### What Happens Next?

The FHO will contact you (if necessary) to discuss the allegations. The FHO will not assign an investigator to the case until the complaint meets specific standards under the [Fair Housing Law](#), and [Fair Housing Regulations](#).

### **Complaint Form Instructions**

- ❑ Complete the form in its entirety.
- ❑ List all entities and/or person(s) for whom you are filing the complaint against.
  - *Make sure to include their legal name, mailing address, email address (if available) and contact numbers.*
- ❑ The form may be submitted with the assistance of an authorized representative, including any organization acting on behalf of the person (*Complainant*) alleging discrimination.
  - Any individual submitting this form on a complainant's behalf must present documentation which confirms authorization to do so. *Examples of such documentation include a statement signed by the Complainant, or a certified document (stamped or sealed, signed and dated) such as a court order appointing a complainant as a legal guardian, custodial parent, or a document verifying the individual is an executor or administrator of an estate.*
- ❑ Provide a detailed statement of the alleged discriminatory housing practice. Include all specific details and use additional sheets of paper if necessary.
  - *State what occurred in chronological order;*
  - *Provide all dates of the occurrences. If the occurrences are on-going, state this in the description, and*
  - *List all the names of any person(s) involved in the discriminatory housing practice(s).*
- ❑ Send copies of any documents that support the complaint (e.g., lease agreement, purchase agreement, letters, notices, email messages, text messages, pictures, etc.) along with this form.
- ❑ Sign the form with your legal name and current date.

### **How to Submit the Complaint Form**

Submit the complaint form and all supporting documentation via US mail/delivery service, email or facsimile to the address provided below:

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
Attn: Fair Housing Office  
9960 Mayland Drive, Suite 400  
Richmond, Virginia 23233-1485

✦ Email to [fairhousing@dpor.virginia.gov](mailto:fairhousing@dpor.virginia.gov)

Facsimile No.: (866) 480-8333

Office Hours are 8:15 am - 5:00 pm

- ✦ There is a size limit for documents submitted via email. If your attachments exceed 18 MB, a non-delivery receipt will be sent to you. If you exceed the limit, please submit the complaint form and supporting documents to the mailing address above.

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The Department considers all complaints important. The processing of the complaint will be conducted in as timely a manner as possible. Many complaints, however, present an immediate threat to public safety and will be given priority.

Thank you for your patience during the complaint process.

#### **Virginia Fair Housing Office**

Main Office number: 804-367-8530

Toll Free 1-888-551-3247



Department of Professional and Occupational Regulation

Virginia Fair Housing Office
9960 Mayland Drive, Suite 400
Richmond, VA 23233-1485
Phone Number (804) 367-8530
Toll Free (888) 551-3247
TDD VA RELAY 7-1-1
Fax (866) 480-8333

Section I COMPLAINANT

- 1. Complainant Full Legal Name (As it appears on your government issued ID or other legal documentation.)
2. Mailing Address City State Zip Code
3. Preferred Contact Number Primary Number - Home/Work/Cell Alternate - Home/Work/Cell
4. Email Address
5. Does the complainant need a translator during the complaint process? If yes, indicate language -
6. Who resides or intended to reside in the housing involved in this complaint (in addition to Complainant)?

- A. Name (OFFICE USE - Minor #)
i. Is this person a minor? No Yes If yes, provide Date of Birth -
ii. What is the relationship to the complainant?
iii. Address (if different from the Complainant) City State Zip Code
iv. Preferred Contact Number Primary Number - Home/Work/Cell Alternate - Home/Work/Cell
v. Email Address
vi. Will a translator be needed? No Yes If yes, indicate language -

- Name (OFFICE USE - Minor #)
i. Is this person a minor? No Yes If yes, provide Date of Birth -
ii. What is the relationship to the complainant?
iii. Address (if different from the Complainant) City State Zip Code
iv. Preferred Contact Number Primary Number - Home/Work/Cell Alternate - Home/Work/Cell
v. Email Address
vi. Will a translator be needed? No Yes If yes, indicate language -

Are there more residents or intended residents to add to this list? No Yes\*

\* If yes, see the last page for additional entries.

7. How did you hear about the VA Fair Housing Office?

8. Does the Complainant have an **Attorney** or other '**authorized representative**' representing or assisting them during this complaint process?

No

Yes  If yes, provide the following information:

A.  Attorney or

Authorized Representative - Explain the relationship between the representative and the Complainant:

\_\_\_\_\_

B. Name of Attorney/Representative \_\_\_\_\_

C. Organization/Company Name \_\_\_\_\_  
(If applicable)

D. Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E. Contact Number \_\_\_\_\_  
Primary Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

F. Email Address \_\_\_\_\_

G. I, the Complainant, authorize the **Virginia Fair Housing Office** to contact and speak with my representative listed above.

Signature of the Complainant \_\_\_\_\_

Date \_\_\_\_\_

***Required Documentation -***

*Attorney or "Authorized Representative" must submit proper documentation confirming authorization to represent the Complainant. Such documentation includes a statement signed by the Complainant, or a certified document (stamped or sealed, signed and dated) such as a court order appointing a complainant as a legal guardian, custodial parent, or a document verifying the individual is an executor or administrator of an estate.*

9. **State briefly, what** happened to you? **How** were you discriminated against?

For example: were you *refused* an opportunity to rent or buy housing? *Denied* a loan? Told that housing was *not available* when in fact it was? *Treated differently* from others seeking housing?

Refer to *Chapter 5.1 Virginia Fair Housing law; §36.96.1* (4000 character limit)

10. **Why** do you believe you are being discriminated against? It is a violation of the law to deny you your housing rights for any of the following factors: race - color - religion - sex - national origin - familial status (families with children under 18) - disability - elderliness - sexual orientation - gender identity - status as a veteran - source of funds?

For example: were you denied housing because of your *race*? Were you denied a mortgage loan because of your *religion*? Or turned down for an apartment because you have *children*? Were you *harassed* because you assisted someone in obtaining their fair housing rights? Briefly explain ***why you think your housing rights were denied*** because of any of the factors listed above. (4000 character limit).

11. When did the alleged discrimination occur? \_\_\_\_\_  
(Provide a date)

12. Is the alleged discrimination occurrence *ongoing or continuous*?  
 No If no, when did this stop? \_\_\_\_\_ (Provide a date)  
 Yes

**Section II RESPONDENT(S)**

1. Who is the Complainant filing this alleged discrimination complaint against (the Respondent)?

Name of the Respondent \_\_\_\_\_

i. Is this an Individual  or Business/Company/Organization/Association

➤ If the *Respondent* is a business/company/organization/association provide a **Contact Person** :

\_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

ii. Mailing Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

iii. Contact Number \_\_\_\_\_  
 \_\_\_\_\_ Primary Number \_\_\_\_\_ Alternate \_\_\_\_\_

iv. Email Address \_\_\_\_\_

➤ Is there more than one Respondent?  No  Yes If yes, see the last page for additional entries.

**Section III PROPERTY DESCRIPTION**

1. The property involved in this alleged discrimination is located at:

Physical Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. The property is considered a: (select one of the following)

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Vacant Lot   |
| <input type="checkbox"/> Duplex             | <input type="checkbox"/> Nursing Home             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Apartment          | <input type="checkbox"/> Mobile Home              | (Please specify)                      |
| <input type="checkbox"/> Townhouse          | <input type="checkbox"/> Shelter                  |                                       |
| <input type="checkbox"/> Condominium        | <input type="checkbox"/> Vacant Room              |                                       |

3. The property listed above is owned by: \_\_\_\_\_

4. Is the property listed above managed by a company not listed in 'Section II - Respondent'?

No

Yes If yes, provide information for a **Contact Person**:

Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Primary Number

Alternate

Email Address \_\_\_\_\_

**Section IV OTHER ACTION TAKEN**

Have you taken other actions against the Respondent(s)?

No  Yes If yes, which action did you take? Select one of the options below:

1. Filed a Civil Suit in a Federal or State Court.

a. Date Suit was filed: \_\_\_\_\_

b. Court where the suit was filed: \_\_\_\_\_

c. Case Status: \_\_\_\_\_

2. Filed a complaint with HUD, Federal, State or Local Agency (other than VA Fair Housing Office):

a. Name of Department/Agency: \_\_\_\_\_

b. Date Complaint was submitted/filed: \_\_\_\_\_

c. Status of the complaint: \_\_\_\_\_

**Section V CONCLUSION**

I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect a decision in regards to this complaint.

Signature of:

Authorized Representative or Attorney \_\_\_\_\_ Date \_\_\_\_\_

Signature of:

(If Applicable)

Complainant \_\_\_\_\_ Date \_\_\_\_\_

The submission of this form does not constitute the filing of a formal complaint; however, it serves to preserve all rights under the statute of limitations. The housing discrimination complaint will be reviewed by a fair housing Intake Analyst to determine if it alleges acts that might violate the Virginia Fair Housing Law. The Intake Analyst will contact you for any additional information needed to complete this review. If your complaint involves a possible violation of the Virginia Fair Housing Law, the analyst will assist you in filing a formal housing discrimination complaint.

(Additional Sheets for Section I - question #6 and Section II - question #1 to follow)

# MAKE COPIES AS NEEDED

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## Section I - Question #6: Who **resides** or **intended to reside** in the housing involved in this complaint (in addition to Complainant)?

No.  Name \_\_\_\_\_ (OFFICE USE -  Minor #\_\_ )

i. Is this person a minor?  No  Yes If yes, provide Date of Birth - \_\_\_\_\_

ii. What is the relationship to the complainant? \_\_\_\_\_

iii. Address (if **different** from the Complainant) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

iv. **Preferred** Contact Number \_\_\_\_\_

\_\_\_\_\_ Primary Number - Home/Work/Cell \_\_\_\_\_ Alternate - Home/Work/Cell

v. Email Address \_\_\_\_\_

vi. Will a translator be needed?  No  Yes If yes, indicate language - \_\_\_\_\_

No.  Name \_\_\_\_\_ (OFFICE USE -  Minor #\_\_ )

i. Is this person a minor?  No  Yes If yes, provide Date of Birth - \_\_\_\_\_

ii. What is the relationship to the complainant? \_\_\_\_\_

iii. Address (if **different** from the Complainant) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

iv. **Preferred** Contact Number \_\_\_\_\_

\_\_\_\_\_ Primary Number - Home/Work/Cell \_\_\_\_\_ Alternate - Home/Work/Cell

v. Email Address \_\_\_\_\_

vi. Will a translator be needed?  No  Yes If yes, indicate language - \_\_\_\_\_

No.  Name \_\_\_\_\_ (OFFICE USE -  Minor #\_\_ )

i. Is this person a minor?  No  Yes If yes, provide Date of Birth - \_\_\_\_\_

ii. What is the relationship to the complainant? \_\_\_\_\_

iii. Address (if **different** from the Complainant) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

iv. **Preferred** Contact Number \_\_\_\_\_

\_\_\_\_\_ Primary Number - Home/Work/Cell \_\_\_\_\_ Alternate - Home/Work/Cell

v. Email Address \_\_\_\_\_

vi. Will a translator be needed?  No  Yes If yes, indicate language - \_\_\_\_\_

# MAKE COPIES AS NEEDED

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## Section II - Question #1: Who is the Complainant filing this alleged discrimination complaint against (***the Respondent***)?

No.  Name of the Respondent \_\_\_\_\_

i. Is this an Individual  or Business/Company/Organization/Association

➤ If the *Respondent* is a business/company/organization/association provide a **Contact Person** :

\_\_\_\_\_  
Name Title

ii. Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

iii. Contact Number \_\_\_\_\_  
Primary Number Alternate

iv. Email Address \_\_\_\_\_

No.  Name of the Respondent \_\_\_\_\_

i. Is this an Individual  or Business/Company/Organization/Association

➤ If the *Respondent* is a business/company/organization/association provide a **Contact Person** :

\_\_\_\_\_  
Name Title

ii. Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

iii. Contact Number \_\_\_\_\_  
Primary Number Alternate

iv. Email Address \_\_\_\_\_

No.  Name of the Respondent \_\_\_\_\_

i. Is this an Individual  or Business/Company/Organization/Association

➤ If the *Respondent* is a business/company/organization/association provide a **Contact Person** :

\_\_\_\_\_  
Name Title

ii. Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

iii. Contact Number \_\_\_\_\_  
Primary Number Alternate

iv. Email Address \_\_\_\_\_