

Texas Workforce Commission Civil Rights Division (TWCCRD)

Housing Discrimination Intake Form

Instructions: Please read this form carefully and answer all questions. Failure to answer all questions will delay the processing of your inquiry. This form must be signed and dated. Failure to sign and date the form will also delay the processing of your inquiry.

If you have filed a complaint with HUD (US Department of Housing and Urban Development), please contact HUD for further processing of your complaint. If the property is located within the cities of Austin, Fort Worth, and Dallas, we will not be able to take a complaint, and you will need to contact the local Fair Housing office. All dates of harm must be within one year of the date of filing.

Have you filed this complaint with HUD or a local agency within the cities of Austin, Fort Worth, or Dallas?

Yes No

You may send this Intake Form by e-mail to: housingcomplaint@twc.texas.gov

Please Include Housing Discrimination Intake Complaint in the Subject Line

You may mail the completed form to:

Texas Workforce Commission Civil
Rights Division
Attn: Intake Section
101 15th Street, Rm. 154-T Austin, Texas 78701

TWCCRD offers a conciliation program, an alternative approach to litigation and/or investigation for resolving a dispute. Conciliation is fast, free, and effective. An investigator will assist the parties in resolving the complaint by conciliation. If you would like to participate in our free conciliation program, please check the box.

Yes No

Complainant Information:

Name:	
Address:	
County:	
Phone:	
Email:	

Names of others aggrieved: (Spouse, Children, Roommates, etc.)

Name:	
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Relationship:	
Name:	
Relationship:	
Name:	
Relationship:	

Who can we contact if we cannot reach you?

Name:	
Phone/E-mail:	

Who allegedly discriminated against you? (Person(s) or Organization(s), Yes, No, or Both; Owner, Landlord, Bank, Realtor, Property Management Company, Apartment complex, etc.)

Name:	
Title:	
Organization:	
Physical Address:	
Mailing Address:	
County:	
Email:	

Name:	
Title:	
Organization:	
Physical Address:	
Mailing Address:	
County:	
Email:	

Is this a Tax Credit Property?

Yes No

When did the alleged discrimination occur? (List all dates)

Date(s):

Is the discrimination continuous or on-going?

Yes No

Where did the alleged discrimination occur?

Address:	
County:	

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 (children 18 and under to include pregnancy)

Disability

Race means:

American Indian or Alaskan Native: A person having origins in any of the original people of North and South America, including Central America, and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, Vietnam.

Black or African/American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Multi-Racial

It is also a violation of the law to **retaliate** against someone who previously filed a complaint of fair housing discrimination, participated in an investigation of fair housing discrimination, or assisted another in filing a complaint of fair housing discrimination.

State briefly why you believe race, color, religion, sex, national origin, familial status, disability, or retaliation is the reason you're being discriminated against.

Do you know of others who were treated more favorably than you? If yes, please list them their protected status (race, color, religion, sex, national origin, familial status, or disability).

Do you have any witnesses that have firsthand knowledge of the alleged harm?

Name:	
Address:	
Phone:	
Email:	

Name:	
Address:	
Phone:	
Email:	

Name:	
Address:	
Phone:	
Email:	

Please Sign and Date Below:

Signature:	
Date:	

An individual may receive and review information that TWC collects regarding that individual by sending an e-mail to open.records@twc.texas.gov or writing to TWC Open Records Section, 101 East 15th Street, Room 266, Austin, Texas 78778-0001.

Date Received (for interoffice use only):