



City of Framingham Housing Discrimination Form

Date: _____

Please return this form to **Nate Doyen-Charon**, Fair Housing Officer, City of Framingham, Community Development Department, 150 Concord St., **Room 121**, Framingham, MA 01702

Information of person filing this complaint:

Name: _____ Email address: _____

Address: _____

Phone number: _____ Additional phone number: _____

Information of person experiencing housing challenge (if different from person filing):

Name: _____ Email address: _____

Address: _____

Phone number: _____ Additional phone number: _____

Information of person/organization/company you are complaining about (if your concern is against an entity):

Name: _____ Email address: _____

Address: _____

Phone number: _____ Additional phone number: _____

Nature of complaint (select all that apply):

- Disability (Discrimination on the basis of public accommodations)
- Housing (Discrimination in renting or buying a home, getting a mortgage, seeking housing assistance, or engaging in other housing-related activities)

I believe that the discrimination was based on (select all the additional details that apply):

- | | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Veteran status/Active military personnel |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Genetic information |
| <input type="checkbox"/> Religious creed | <input type="checkbox"/> Marital status |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Family status (families with children under 18) |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Receipt of public assistance |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Age | <input type="checkbox"/> Criminal record |

Select all actions you have already taken to address this issue:

- I tried to resolve the situation myself
- I complained directly to the person/organization
- I contacted another government agency or community organization (If so, which one? _____)
- I filed a police report
- I hired a lawyer to represent me
- I filed a case in court (If so, which one? _____)
- Other _____

About your complaint:

I am

- letting the City know about the issue - no follow up requested
- letting the City know about the issue - follow up requested

Please describe your concern or complaint. If there was not enough space on page 1, please provide as much detail as possible, including dates, locations, who was involved, etc. (You may attach additional pages if needed)

Signature of person filing this complaint

Date

or (508) 532-5457.

Community Development Department – Staff Use Only!

Action Steps:

Community development staff person: _____

What suggestions were made to resolve the issue?

- | | |
|--|---|
| <input type="checkbox"/> DHCD | <input type="checkbox"/> Legal |
| <input type="checkbox"/> SMOC | <input type="checkbox"/> Legislative |
| <input type="checkbox"/> Housing Authority | <input type="checkbox"/> Fair Housing |
| <input type="checkbox"/> MassHire | <input type="checkbox"/> HUD Resources |
| <input type="checkbox"/> MetroWest Center
for Independent
Living | <input type="checkbox"/> State Resources – mass.gov |
| <input type="checkbox"/> Family Resource
Center by
Wayside | <input type="checkbox"/> Other Non-Profits |
| | <input type="checkbox"/> Other State Agencies |
| | <input type="checkbox"/> Other Online Links |

Number of phone calls and/or emails contact to resolve the issue?

- 1-5
- 6-10
- 11-15
- 16-20
- 20 - more

Periods/durations of interactions?

- 1 Week
- 1 Month
- 3 Months
- 6 Months
- 9 Months
- 12 Months – more
