



CALUMET CITY FAIR HOUSING
Sharon Buford-Davis, Fair Housing Administrator
1200 Pulaski Road Calumet City, IL 60409
708.891.8100 ext. 8434 sbuford-davis@calumetcity.org



FORMAL FAIR HOUSING COMPLAINT

This form is used to notify the Fair Housing Administrator of information that exists in which the listed Complainant has endured actions, behavior, or communications from someone, who is a responsible party for Real Estate located within Calumet City, IL, which may be in violation of Fair Housing laws and ordinances. The information contained herein must be truthful and thorough for a proper investigation. Please print all information clearly, then sign and date this form at the bottom.

Complainant's Name: _____

Complainant's Address: _____

Complainant's Phone: _____

Complaint is Against: _____
PERSON'S NAME, COMPANY NAME, OR DESCRIPTION OF PERSON INVOLVED

Contact information: _____
PHONE NUMBER, ADDRESS, E-MAIL ADDRESS

Type of Building: ___ Residential ___ Residential Apartments ___ Commercial Property

Type of Transaction: ___ Purchase ___ Rental Application ___ Current Tenant Complaint

ON THE LINES BELOW, PLEASE DESCRIBE THE POTENTIAL FAIR HOUSING VIOLATION

(use the back side if more space needed)

Signature of Complainant: _____ Date: _____

FOR INTERNAL OFFICE USE ONLY

Staff Receiving Complaint: _____ Date Received: _____

Fair Housing Investigation By: _____ Date Started: _____

Status: ☐ Referred to _____ ☐ Resolved/Closed ☐ Unfounded Complaint/Closed

Back Page of Fair Housing Complaint Form