

Discrimination Complaint Fair Housing City of Wausau

Important!! Please read all of the instructions on Page 3 before starting.

1. Complainant Information			2. Respondent Information			
Last Name			Name of the housing provider you believe discriminated against you. If more than one respondent, list each separately on extra			
First Name			sheet.			
Initial						
Street Address						
City	State	Zip Code	Street Address			
Home Telephone Number ()			City		State	Zip Code
Work Telephone Number			Telephone Number			
			()			
3. Your complaint may o Yes See #3, in the i	be filed with and			no" below		
o No						
4. BASIS: You must list a "disability-visual impairn	-	•	· ·	male," "race	-African <i>F</i>	American,"
What is the basis for yo	our complaint?					

5. STATEMENT : What did the respondent do? List ea to rent to me or I was evicted or they charged higher r	-	ou believe was discriminatory. (They refused		
Then, say why you believe you were treated differently	•	f the hasis you listed above		
Then, say willy you believe you were treated afficient	y because o	THE basis you listed above.		
		·····		
6. DATES: (month/day/year)				
When did the above action(s) first happen?	On what date did it last happen?			
(,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The state of the s		
	-			
7. STOP – MAKE SURE YOU DON'T SIGN UNTIL YOU A	RE IN FRON	IT OF A NOTARY PUBLIC!		
By my signature below, I acknowledge that I have r	ead the cor	mplaint, that to the best of my knowledge		
information and belief, the complaint is true and con	rect, and th	nat the complaint is not being used for any		
improper purpose, such as to harass the party against	whom the c	omplaint is filed.		
Signature of Complainant or Authorized Representati	ve	Date Signed		
Subscribed and sworn to before me				
this day of, 20				
, 20				
Notary Public, State of Wisconsin				
My commission expires on				

Discrimination Complaint Instructions – What Is Covered and How to File

If you believe you have been discriminated against in violation of the City of Wausau Discrimination in Housing Accommodations ordinance (W.M.C. ch. 9.32), you may file a complaint with the City of Wausau's Clerk's Office. Your complaint must be in writing and filed within 120 days after you knew or should reasonably have known that the alleged acts occurred. Upon receipt of the complaint, the clerk will forward it to the City Attorney's Office for investigation. After the investigation, the complaint and investigation report will be forwarded to the Fair Housing Review Board to determine if there is probable cause to believe a violation has been committed. The Fair Housing Review Board may attempt to eliminate the alleged discriminatory practice by informal means or may make recommendations to the City Attorney's office for possible commencement of proceedings in a court of competent jurisdiction.

To accept your case, the Clerk's Office must have certain information. Make sure you carefully follow the instructions outlined below. The numbers on these instructions match the numbered sections on the front of this form. You may use additional pages of paper to outline your complaint if needed.

- 1. Complainant: You must write your legal name, address and telephone number.
- 2. Respondent: You must provide the complete name, address and telephone number of the housing provider or person that this charge is being filed against. If the respondent is a housing provider, the name of the property owner should be used. If you are unsure who the owner is, you might obtain this information from the manager. You may also ask the Clerk's Office who pays the taxes on the property. If there is more than one respondent, list each separately.
- **3. Referrals**: Your complaint may be sent to other Fair Housing agencies. NOTE: If your complaint is about a City-owned property, the complaint WILL be forwarded to the proper authorities as the City cannot investigate a complaint against itself.
- **4. Basis**: You must give a basis for your complaint. The City of Wausau Discrimination in Housing Accommodations ordinance among other things prohibits discrimination in the rental and sale of housing on the following bases:

▶ Race
 ▶ Color
 ▶ Age (18+)
 ▶ Disability
 ▶ Sex
 ▶ Sexual Orientation
 ▶ National Origin

▶ Marital Status ▶ Family Status ▶ Lawful Source of Income

▶ Status as a Victim of Domestic Abuse, Sexual Abuse or Stalking

Interference with or retaliation against any person exercising or assisting with a right granted or protected under law is also prohibited.

- **5. Statement**: What was done? You should list each action that you feel was discriminatory. When describing a respondent's action in this section, the individual who took action should be identified, if possible. Then, tell us why you believe this action was taken because of the basis you listed.
- 6. Dates Action Occurred: Give us the first and last dates you believe discrimination occurred.
- **7. Your Signature**: Make sure you or your representative signs the form. **IMPORTANT**: Your signature must be notarized. Do NOT sign until you are in front of a Notary Public.

Mail or drop off your Completed and Signed complaint to the City Clerk's Office:

City of Wausau --City Clerk 407 Grant Street Wausau WI 54403

Telephone: (715) 261-6620 Fax: (715) 261-6626