



INTAKE FORM

Fair Housing Unit

1201 Leopard St., 2nd Floor

Corpus Christi, TX 78401

361-826-3190

To submit a Fair Housing Complaint, please complete all questions.

Your Full Name:

Date:

Who else can we call if we cannot reach you?

Alternate Contact:

Are you homeless? ☐ Yes ☐ No

Do you have a Representative? ☐ Yes ☐ No

Phone Number:

E-Mail:

Address:

Best Time To Call: ☐ Morning ☐ Afternoon

Specific Time:

1.

What happened to you?

How were you
discriminated against?

State briefly what
happened.

More space on next page.

*It is a violation of the law to deny you your housing rights for any of the following factors:
Race, Color, National Origin, Sex (gender identity/sexual orientation), Religion, Familial Status, Disability*

2.

Why do you believe you are
being discriminated
against?

Briefly explain why you think
your housing rights were violated
because of any factors listed
above.

More space on next page.

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Continue

1.

Continue

2.



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3.

Who do you believe discriminated against you?

Was it a landlord, owner, mortgage lender, real estate agent, broker, or organization?

Name:

Address:

City

State

Zip Code

4.

Where did the alleged act of discrimination occur? Provide the address.

For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home? Did it occur at a bank or other lending institution?

Address:

City

State

Zip Code

5.

When did the last act of the alleged discrimination occur?

Date:

Is the alleged discrimination continuous or on going?

☐

Yes

☐

No

Signature: X

Date:

If you are unable to complete this form, you may call the office to submit it via telephone
or
submit an online form at www.cctexas.com/fairhousing