



**COUNTY OF BUTLER
FAIR HOUSING DISCRIMINATION
CITIZEN COMPLAINT FORM**

Please type or print this form and complete in its entirety.

First Name			
Last name			
Address			
Home Phone		Business Phone	

Against whom is the complaint being filed?

First name			
Last name			
Agency			
Phone			

What was the date of the incident?

Summarize in your own words the incident that prompted this grievance. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment if necessary.

I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE READ THIS COMPLAINT (INCLUDING ANY ATTACHMENTS) AND THAT IT IS TRUE AND CORRECT.

Signature

Signature of person completing form (if other than the person filing the grievance)

Date

Created: June 2015



