

**DISCRIMINATION COMPLAINT FORM  
(FOR APPLICANTS)**

CLIENT NO: \_\_\_\_\_

UNIT NO: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT NO: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

NAME OF HOUSEHOLD MEMBER WHO IS BEING  
DISCRIMINATED AGAINST: (if different from Head of Household) \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD: \_\_\_\_\_

WHO IS THIS CLAIM AGAINST: \_\_\_\_\_

**STATE NATURE OF DISCRIMINATION BELOW:** (Please include any and all dates, times, and locations  
of alleged occurrences.)

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\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

**RETURN FORM TO:**  
HOUSING AUTHORITY OF THE COUNTY OF COOK  
ATTN: EXECUTIVE DIRECTOR  
175 WEST JACKSON BLVD, SUITE 350  
CHICAGO, ILLINOIS 60604  
T: 312-542-4728 F: 312-939-0747 TTY: 312-341-1450



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