



Metropolitan St. Louis
Equal Housing Opportunity Council
1027 South Vandeventer Avenue, 6th Floor
St. Louis, Missouri 63110

800.555.3951
314.534.5800
Fax 314.534.2551
MO Relay (TTY) 800.735.2966
IL Relay (TTY) 800.526.0844

Discrimination Complaint

Date: _____

Last Name: _____ First Name: _____

This is a complaint about (mark one):

Housing Discrimination Public Accommodation Discrimination (e.g. a store) Something Else

Your Contact Information:

Street Address: _____		
City: _____	State: _____	ZIP: _____
Phone 1: _____	Phone 2: _____	
Email: _____		

I believe I am being discriminated against because of one of the following (mark all that apply):

Race/Color National Origin/Nationality Religion Sex/Gender Disability
 Family Status/Children Sexual Orientation/Gender Identity Something Else

Is the address where the discrimination occurred the same as you listed in your contact information above? Yes No

If No: Street Address: _____
City: _____ State: _____ ZIP: _____

Optional Information About You:

Gender: _____
Race (mark all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____
Do you have a disability that is related to your complaint? (mark one) <input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe your complaint in more detail below:

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