

**South Carolina Human Affairs Commission
1026 Sumter Street, Suite 101
Post Office Box 4490
Columbia, South Carolina 29201**

Raymond Buxton, II
Commissioner

To file complaints dial (803) 737-7800
or 1-800-521-0725 (In-State only)

Housing Discrimination Complaint Form

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Hm Ph.: _____ Cell Ph.: _____ Work Ph.: _____

E-Mail Address: _____ Date of Birth: _____

Best time to reach you

Please check all that apply: Morning Afternoon Evening

Alternative Contact Information

Contact Person: _____

Daytime Number: _____

Evening Number: _____

Best time to reach you Morning Afternoon Best time to reach you Morning Afternoon

Please check all that apply: Evening Please check all that apply: Evening

Complaint Information

- 1. What happen to you? How were you discriminated against? For example: Were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing? State briefly what happened. (If you need additional space please use the attached sheet.)**

3. Who do you believe discriminated against you? (Please check all that apply)

- Landlord Real Estate Agent Broker Owner
- Organization Banker Company

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone Number: _____

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone Number: _____

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?

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone Number: _____

5. When did the last act of discrimination occur, _____ and is it continuous? Yes No

