Title 36. Housing » Chapter 5.1.
Virginia Fair Housing Law
§ 36-96.1.B

“It is the policy of the Commonwealth of Virginia to provide for fair housing throughout the Commonwealth, to all its citizens, regardless of race, color, religion, national origin, sex, elderliness, familial status, disability, sexual orientation, gender identity, status as a veteran, or source of funds, and to that end to prohibit discriminatory practices with respect to residential housing by any person or group of persons, in order that the peace, health, safety, prosperity, and general welfare of all the inhabitants of the Commonwealth may be protected and insured…”

Who we are -
The Virginia Fair Housing Office

The Virginia Fair Housing Office (the “FHO”) is part of the Department of Professional and Occupational Regulation (the “Department”). The FHO is responsible for reviewing housing discrimination complaints to determine whether there is an alleged violation of the Virginia Fair Housing Law. Additional information can be found on the department's website under the Fair Housing Office section: www.dpor.virginia.gov/FairHousing/.

When to File a Complaint

If you believe a discriminatory housing practice has occurred or is about to occur, you have the right to submit a complaint with the FHO. Complete the form and provide additional documentation to support the allegation. If assistance is needed completing the form, contact the FHO, an attorney, or authorized representative for assistance.

A Fair Housing complaint should be submitted as soon as the alleged housing discriminatory practice has occurred or is about to occur. A complaint that is received more than one year after the occurrence or termination of the alleged discriminatory housing practice cannot be investigated by this office. If the alleged discriminatory housing practice is continuing, the complaint may be submitted at any time.

You may also commence a civil action in the appropriate United States District Court or state court no later than two years after the occurrence or termination of an alleged discriminatory housing practice.

What Happens Next?

The FHO will contact you (if necessary) to discuss the allegations. The FHO will not assign an investigator to the case until the complaint meets specific standards under the Fair Housing Law, and Fair Housing Regulations.
Complaint Form Instructions

☐ Complete the form in its entirety.

☐ List all entities and/or person(s) for whom you are filing the complaint against.
   - Make sure to include their legal name, mailing address, email address (if available) and contact numbers.

☐ The form may be submitted with the assistance of an authorized representative, including any organization acting on behalf of the person (Complainant) alleging discrimination.
   - Any individual submitting this form on a complainant's behalf must present documentation which confirms authorization to do so. Examples of such documentation include a statement signed by the Complainant, or a certified document (stamped or sealed, signed and dated) such as a court order appointing a complainant as a legal guardian, custodial parent, or a document verifying the individual is an executor or administrator of an estate.

☐ Provide a detailed statement of the alleged discriminatory housing practice. Include all specific details and use additional sheets of paper if necessary.
   - State what occurred in chronological order;
   - Provide all dates of the occurrences. If the occurrences are on-going, state this in the description, and
   - List all the names of any person(s) involved in the discriminatory housing practice(s).

☐ Send copies of any documents that support the complaint (e.g., lease agreement, purchase agreement, letters, notices, email messages, text messages, pictures, etc.) along with this form.

☐ Sign the form with your legal name and current date.

How to Submit the Complaint Form

Submit the complaint form and all supporting documentation via US mail/delivery service, email or facsimile to the address provided below:

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Attn: Fair Housing Office
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485

Email to fairhousing@dpor.virginia.gov
Facsimile No.: (866) 480-8333
Office Hours are 8:15 am - 5:00 pm

+ There is a size limit for documents submitted via email. If your attachments exceed 18 MB, a non-delivery receipt will be sent to you. If you exceed the limit, please submit the complaint form and supporting documents to the mailing address above.

The Department considers all complaints important. The processing of the complaint will be conducted in as timely a manner as possible. Many complaints, however, present an immediate threat to public safety and will be given priority.

Thank you for your patience during the complaint process.

Virginia Fair Housing Office
Main Office number: 804-367-8530
Toll Free 1-888-551-3247
Section I  COMPLAINANT

1. Complainant Full Legal Name ____________________________________________
   (As it appears on your government issued ID or other legal documentation.)

2. Mailing Address ________________________________________________________
   City ___________________________ State __________ Zip Code ________________

3. Preferred Contact Number ____________________________ Primary Number - Home/Work/Cell
   Alternate - Home/Work/Cell

4. Email Address _________________________________________________________

5. Does the complainant need a translator during the complaint process? If yes, indicate language - ________________

6. Who resides or intended to reside in the housing involved in this complaint (in addition to Complainant)?

   A. Name ________________________________________________________________ (OFFICE USE - □ Minor # __)
      i. Is this person a minor? □ No □ Yes If yes, provide Date of Birth - ________________
      ii. What is the relationship to the complainant? ________________________________
      iii. Address (if different from the Complainant) ________________________________
           City ___________________________ State __________ Zip Code ________________

   iv. Preferred Contact Number ____________________________ Primary Number - Home/Work/Cell
       Alternate - Home/Work/Cell

      v. Email Address _______________________________________________________

      vi. Will a translator be needed? □ No □ Yes If yes, indicate language - ________________

   ➢ Are there more residents or intended residents to add to this list? □ No □ Yes*

* If yes, see the last page for additional entries.
7. How did you hear about the VA Fair Housing Office?

8. Does the Complainant have an Attorney or other 'authorized representative' representing or assisting them during this complaint process?
   - No ☐
   - Yes ☐ If yes, provide the following information:
     - A. ☐ Attorney or ☐ Authorized Representative - Explain the relationship between the representative and the Complainant:
     - B. Name of Attorney/Representative
     - C. Organization/Company Name (If applicable)
     - D. Mailing Address
       - City ___________________________ State ___________ Zip Code
     - E. Contact Number
       - Primary Number ___________________________ Alternate Number ___________________________
     - F. Email Address
     - G. I, the Complainant, authorize the Virginia Fair Housing Office to contact and speak with my representative listed above.
       - Signature of the Complainant ___________________________ Date ___________________________

   Required Documentation -
   Attorney or "Authorized Representative" must submit proper documentation confirming authorization to represent the Complainant. Such documentation includes a statement signed by the Complainant, or a certified document (stamped or sealed, signed and dated) such as a court order appointing a complainant as a legal guardian, custodial parent, or a document verifying the individual is an executor or administrator of an estate.

9. State briefly, what happened 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?
   Refer to Chapter 5.1 Virginia Fair Housing law; §36.96.1 (4000 character limit)
10. **Why** do you believe you are being discriminated against? It is a violation of the law to deny you your housing rights for any of the following factors: race - color - religion - sex - national origin - familial status (families with children under 18) - disability - elderliness - sexual orientation - gender identity - status as a veteran - source of funds?

   For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children? Were you harassed because you assisted someone in obtaining their fair housing rights? Briefly explain why you think your housing rights were denied because of any of the factors listed above. (4000 character limit).

11. When did the alleged discrimination occur?  
   (Provide a date)

12. Is the alleged discrimination occurrence **ongoing or continuous**?
   
   ☐ No  ☐ If no, when did this stop?  __________________________  
   ☐ Yes

---

**Section II  RESPONDENT(S)**

1. Who is the Complainant filing this alleged discrimination complaint against (the Respondent)?
   
   ☐ Name of the Respondent ____________________________

   i. Is this an Individual ☐ or Business/Company/Organization/Association ☐
   
   ➢ If the Respondent is a business/company/organization/association provide a **Contact Person**:

   └─────┘ └─────┘
   Name  Title

   ii. Mailing Address ____________________________

   City ____________________________ State ____________________________ Zip Code ____________________________

   iii. Contact Number ____________________________

   Primary Number ____________________________ Alternate ____________________________

   iv. Email Address ____________________________

   ➢ **Is there more than one** Respondent? ☐ No  ☐ Yes  If yes, see the last page for additional entries.

---

**Section III  PROPERTY DESCRIPTION**

1. The property involved in this alleged discrimination is located at:

   Physical Address ____________________________

   City ____________________________ State ____________________________ Zip Code ____________________________

2. The property is considered a: (select one of the following)

   ☐ Single Family Home  ☐ Assisted Living Facility  ☐ Vacant Lot
   ☐ Duplex  ☐ Nursing Home  ☐ Other:
   ☐ Apartment  ☐ Mobile Home  ☐ Shelter
   ☐ Townhouse  ☐ Condominium  ☐ Vacant Room

   (Please specify)

3. The property listed above is owned by: ____________________________
4. Is the property listed above managed by a company not listed in 'Section II - Respondent'?
   - Yes
   - No

   If yes, provide information for a Contact Person:

   Contact Person Name __________________________ Title __________________
   Company Name ________________________________
   Contact Number ________________________________
   Email Address ________________________________
   Primary Number _______________________________
   Alternate ________________________________

Section IV | OTHER ACTION TAKEN

Have you taken other actions against the Respondent(s)?
   - No
   - Yes

   If yes, which action did you take? Select one of the options below:

   1. Filed a Civil Suit in a Federal or State Court:
      a. Date Suit was filed: ___________________________
      b. Court where the suit was filed: ___________________________
      c. Case Status: ___________________________

   2. Filed a complaint with HUD, Federal, State or Local Agency (other than VA Fair Housing Office):
      a. Name of Department/Agency: ___________________________
      b. Date Complaint was submitted/filed: ___________________________
      c. Status of the complaint: ___________________________

Section V | CONCLUSION

I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect a decision in regards to this complaint.

Signature of:
Authorized Representative or Attorney ___________________________ Date __________

Signature of:
Complainant ___________________________ Date __________

The submission of this form does not constitute the filing of a formal complaint; however, it serves to preserve all rights under the statute of limitations. The housing discrimination complaint will be reviewed by a fair housing Intake Analyst to determine if it alleges acts that might violate the Virginia Fair Housing Law. The Intake Analyst will contact you for any additional information needed to complete this review. If your complaint involves a possible violation of the Virginia Fair Housing Law, the analyst will assist you in filing a formal housing discrimination complaint.

(Additional Sheets for Section I - question #6 and Section II - question #1 to follow)
Section I - Question #6: Who **resides** or **intended to reside** in the housing involved in this complaint (in addition to Complainant)?

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>(OFFICE USE - □ Minor #__)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>i. Is this person a minor?</td>
<td>□ No □ Yes If yes, provide Date of Birth -</td>
</tr>
<tr>
<td></td>
<td>ii. What is the relationship to the complainant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iii. Address (if different from the Complainant)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iv. <strong>Preferred</strong> Contact Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>v. Email Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>vi. Will a translator be needed?</td>
<td>□ No □ Yes If yes, indicate language -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>(OFFICE USE - □ Minor #__)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>i. Is this person a minor?</td>
<td>□ No □ Yes If yes, provide Date of Birth -</td>
</tr>
<tr>
<td></td>
<td>ii. What is the relationship to the complainant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iii. Address (if different from the Complainant)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iv. <strong>Preferred</strong> Contact Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>v. Email Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>vi. Will a translator be needed?</td>
<td>□ No □ Yes If yes, indicate language -</td>
</tr>
</tbody>
</table>
### Section II - Question #1: Who is the Complainant filing this alleged discrimination complaint against (the Respondent)?

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of the Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Is this an Individual</td>
</tr>
<tr>
<td></td>
<td>or Business/Company/Organization/Association</td>
</tr>
<tr>
<td>➢</td>
<td>If the <strong>Respondent</strong> is a business/company/organization/association provide a <strong>Contact Person</strong>:</td>
</tr>
<tr>
<td></td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td>Mailing Address</td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
<tr>
<td>iii.</td>
<td>Contact Number</td>
</tr>
<tr>
<td></td>
<td>Primary Number</td>
</tr>
<tr>
<td>iv.</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of the Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Is this an Individual</td>
</tr>
<tr>
<td></td>
<td>or Business/Company/Organization/Association</td>
</tr>
<tr>
<td>➢</td>
<td>If the <strong>Respondent</strong> is a business/company/organization/association provide a <strong>Contact Person</strong>:</td>
</tr>
<tr>
<td></td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td>Mailing Address</td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
<tr>
<td>iii.</td>
<td>Contact Number</td>
</tr>
<tr>
<td></td>
<td>Primary Number</td>
</tr>
<tr>
<td>iv.</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of the Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Is this an Individual</td>
</tr>
<tr>
<td></td>
<td>or Business/Company/Organization/Association</td>
</tr>
<tr>
<td>➢</td>
<td>If the <strong>Respondent</strong> is a business/company/organization/association provide a <strong>Contact Person</strong>:</td>
</tr>
<tr>
<td></td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td>Mailing Address</td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
<tr>
<td>iii.</td>
<td>Contact Number</td>
</tr>
<tr>
<td></td>
<td>Primary Number</td>
</tr>
<tr>
<td>iv.</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

---

**F493-02FH-COMP-v1 Fair Housing Office/HD COMPLAINT FORM**

07/01/2020