

Housing Discrimination Complaint

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

OMB Approval No. 2529-0011

Please type or print this form

Public Reporting Burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Read this entire form and all the instructions carefully before completing. All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form. Complaints may be presented in person or mailed to the HUD State Office covering the State where the complaint arose (see list on back of form), or any local HUD Office, or to the Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

This section is for HUD use only.

Number	(Check the applicable box) <input type="checkbox"/> Referral & Agency (specify) <input type="checkbox"/> Systemic <input type="checkbox"/> Military Referral	Jurisdiction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional Info	Signature of HUD personnel who established Jurisdiction
Filing Date			

1. Name of Aggrieved Person or Organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.) Conifer Realty, LLC	Home Phone	Business Phone 585-324-0520
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Street Address (city, county, State & zip code)
183 East Main Street, Suite 600, Rochester, N.Y. 14604

2. Against Whom is this complaint being filed? (last name, first name, middle initial) Supervisor Robert Greenstein	Phone Number 914-238-4771
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Street Address (city, county, State & zip code)
Town of New Castle, 200 S. Greeley Avenue, Chappaqua, N.Y. 10514; Westchester County

Check the applicable box or boxes which describe(s) the party named above:

Builder Owner Broker Salesperson Supt. or Manager Bank or Other Lender Other

If you named an individual above who appeared to be acting for a company in this case, check this box and write the name and address of the company in this space:

Name:	Address:
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Name and identify others (if any) you believe violated the law in this case:

William Maskiell, Building Inspector, Town of New Castle; Russell Maitland, First Assistant Chief, Chappaqua Fire Department

3. What did the person you are complaining against do? Check all that apply and give the most recent date these act(s) occurred in block No. 6a below.

<input type="checkbox"/> Refuse to rent, sell, or deal with you	<input type="checkbox"/> Falsely deny housing was available	<input type="checkbox"/> Engage in blockbusting	<input type="checkbox"/> Discriminate in broker's services
<input type="checkbox"/> Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities	<input type="checkbox"/> Advertise in a discriminatory way	<input type="checkbox"/> Discriminate in financing	<input type="checkbox"/> Intimidated, interfered, or coerced you to keep you from the full benefit of the Federal Fair Housing Law
<input checked="" type="checkbox"/> Other (explain) See attached			

4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, the presence of children under 18, or a pregnant female in the family or your national origin? Check all that apply.

<input checked="" type="checkbox"/> Race or Color <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (specify)	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Handicap <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Mental	<input checked="" type="checkbox"/> Familial Status <input checked="" type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnant female	<input checked="" type="checkbox"/> National Origin <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)
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5. What kind of house or property was involved? <input type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2, 3, or 4 families <input type="checkbox"/> A building for 5 families or more <input checked="" type="checkbox"/> Other, including vacant land held for residential use (explain)	Did the owner live there? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property <input type="checkbox"/> Being sold? <input checked="" type="checkbox"/> Being rented?	What is the address of the house or property? (street, city, county, State & zip code) 54 Hunts Lane, Chappaqua, N.Y.
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6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment.
Note: HUD will furnish a copy of the complaint to the person or organization against whom the complaint is made.

Please see the attached

6a. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)

November 11, 2013; December 10, 2013; December 16, 2013

7. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.	Signature & Date  2.3.14
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