



City of Santa Barbara  
Fair Housing Program  
**HOUSING DISCRIMINATION COMPLAINT FORM**

### **About the City's Fair Housing Program**

The City of Santa Barbara Fair Housing Program investigates complaints of discrimination in rental housing. The program also provides information/education to tenants and landlords.

Many persons believe they have been treated unfairly or harassed while renting, or attempting to rent, a home. The City's Fair Housing Program can *only* investigate allegations of possible violations of the City of Santa Barbara's Housing Discrimination Ordinance, Santa Barbara Municipal Code 26.30.

The State of California, Department of Fair Employment and Housing (DFEH) investigates possible violations of the California Fair Employment and Housing Act and the U.S. Department of Housing and Urban Development (HUD) investigates possible violations of the federal Fair Housing Act. Individuals are allowed to file complaints with the DFEH and HUD, in addition to the City. Please note that HUD will usually refer a complaint to agencies that have laws that are substantially equivalent to the Fair Housing Act, e.g. the California DFEH. Individuals may also seek personal legal counsel for action.

The City's Rental Housing Mediation Program is available to provide information on California rules and regulations pertaining to landlord/tenant rights and responsibilities on rental housing issues such as habitability and rent increases, and offers mediation services to landlords and tenants in rental housing disputes. The Rental Housing Mediation Program is free of charge and serves residents in the City of Santa Barbara. In addition, the program is contracted to provide services in the following areas: City of Goleta, City of Carpinteria, and the unincorporated areas of Santa Barbara County.

The information below is provided to help you understand the City's investigation process. If you believe you are the victim of illegal housing discrimination, you may file a Housing Discrimination Complaint Form. An investigation, if warranted, will not be initiated until the complaint form has been submitted.

### **The Process:**

1. File a Housing Discrimination Complaint Form by mail or email. The individual(s) that file the fair housing complaints are referred as complainants; the individuals being complained against are referred as respondents.
2. The filing date is the date the fully completed, signed complaint form is received by the City. If necessary to determine if an investigation is warranted, a Fair Housing Program investigator may contact the complainant by telephone or in writing within 30 days of receipt of the complaint to obtain additional information.
3. If it is determined that an investigation is warranted, the investigator will draft a letter to the respondent notifying them of the complaint and ensuing investigation.
4. The respondent will be given the opportunity to respond to the complaint in writing, and may be contacted to provide the investigator with additional information. The respondent may opt to voluntarily resolve the complaint, and a resolution can be negotiated at any time during the investigation process.
5. If the investigation does not show a violation of the City's ordinance, the City will close the case and notify the complainant and the respondent in writing. If the investigation confirms a violation of the City's ordinance, the matter may be referred to the City Attorney or California DFEH for further action. Violations of the City's Housing Discrimination Ordinance can be subject to compensatory damages, and/or administrative fines.



City of Santa Barbara  
 Fair Housing Program  
**HOUSING DISCRIMINATION COMPLAINT FORM**

Read this entire form and all the instructions carefully before completing. All questions should be answered. If a question is not applicable to your situation, write N/A. Your complaint must be signed and dated.

**PLEASE TYPE OR PRINT**

Name: (First) (Middle) (Last)

Address: (Number & Street) (Apt. #) (City) (County) (Zip Code)

Phone: Home ( ) Work ( ) Email address:

**1. I wish to complain against:** (check one or more of the following)

- Owner  Manager  Other

Name Title Telephone Number ( )

Address (Number & Street) (Apt. #) (City) (County) (Zip Code)

Others? Telephone Number ( )

Address (Number & Street) (Apt. #) (City) (County) (Zip Code)

Type of Property Number of Units at Location

- Single Home  Apartment  Other

Name of Property (if Applicable)

Address of Property, if other than current residence

**2. I allege I was discriminated against because of my:**

- |  |   |
|--|---|
| <input type="checkbox"/> Age                 | <input type="checkbox"/> Race   |
| <input type="checkbox"/> Ancestry            | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Color               | <input type="checkbox"/> Sex (including pregnancy, childbirth, gender, gender identity or expression)   |
| <input type="checkbox"/> Disability          | <input type="checkbox"/> Sexual Orientation   |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Other <i>arbitrary and intentional</i> discrimination on a basis of personal characteristics similar to those listed above. (Please Specify) |
| <input type="checkbox"/> Medical Condition   |   |
| <input type="checkbox"/> Marital Status      |   |
| <input type="checkbox"/> National Origin     |   |

**3. What did the person(s) you are complaining against do?**

- |   |   |
|---|---|
| <input type="checkbox"/> Refuse to rent, negotiate or otherwise deny a rental unit  | <input type="checkbox"/> Refuse to rent after making a bona fide offer, or otherwise deny, a rental unit  |
| <input type="checkbox"/> Discriminate in the terms, conditions, or privileges of the rental, other than reasonable limits to protect the health/safety of tenants | <input type="checkbox"/> Discriminate by means of arbitrary occupancy standards, except as permitted by SBMC 26.30.035  |
| <input type="checkbox"/> Falsely state that the rental unit is not available  | <input type="checkbox"/> Charge additional rent for persons living in a rental unit   |
| <input type="checkbox"/> Advertise in a discriminatory manner   | <input type="checkbox"/> Discriminate by means of arbitrary income restrictions (refuse to rent to a person who can demonstrate the ability to pay the required rent) |
| <input type="checkbox"/> Require tenant(s) to remain childless or otherwise limit families with persons of a certain age  |   |



City of Santa Barbara  
 Fair Housing Program  
**HOUSING DISCRIMINATION COMPLAINT FORM**

**3 a. Briefly describe the circumstance(s) that made you feel you were discriminated against. Use this space for a concise statement of the facts; one additional sheet may be attached.**

**3 b. When did the act(s) you checked above occur? (Use most recent date if several dates are involved)**

**3 c. Names and phone numbers of witnesses that could provide evidence in support of the complaint.**

Name	Home Telephone Number	Work Telephone Number
	( )	( )
	( )	( )
	( )	( )
	( )	( )

**4. If refused a viewing of the property, or the rental/lease application was denied, complete the following.**

How did you learn of the vacancy?

- |   |   |
|---|---|
| <input type="checkbox"/> Newspaper ad: (Enclose copy of ad if possible) | <input type="checkbox"/> Tenant                 |
| Date of ad:   | <input type="checkbox"/> Friend                 |
| <input type="checkbox"/> Posted Sign                                    | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Rental Agency (Please specify)                 |   |

**4 a. What were the rental terms disclosed?**

- |  |  |
|--|--|
| Utilities included? <input type="checkbox"/> Yes <input type="checkbox"/> No | Rent Amount: \$  |
| Garbage included? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Deposit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parking included? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Deposit amount: \$   |

Rent schedule: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Number of persons to occupy dwelling:	List # of pets:
---	---------------------------------------	-----------------

**4 b. Did you complete the rental application? Provide copy of application, if available.**

Yes  No If 'NO', give reason

Date Applied:	Were you denied the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Denied:
---------------	--	--------------

Reason given for denial:

Name of person who made denial: Title:

**4 c. List the names of individual(s) who obtained the housing you sought, if known:**



City of Santa Barbara  
 Fair Housing Program  
**HOUSING DISCRIMINATION COMPLAINT FORM**

**5. If you are being evicted, complete the following and attach a copy of the eviction notice.**

Date of eviction notice:	Date required to vacate :	Have you been served a notice of unlawful detainer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Notice:	Court Date:
--------------------------	---------------------------	---	-----------------	-------------

What is the stated reason for eviction?  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. What information/evidence do you have to indicate that you were treated *differently* than other tenants/applicants? Attach copies of documents that could support your complaint.**

**7. Attach a full copy of the signed rental agreement and house rules (if any).**

**8. If an investigation proves you were discriminated against, what remedy are you seeking?**

**9. Have you filed a complaint with:**

United States Dept. of Housing and Urban Development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Department of Fair Employment and Housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other agency or group? (If 'YES' provide) Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Telephone Number ( )	

Address (Number & Street) (City) (Zip Code)

Contact person:  
 What has this person done for you on this problem?

<b>9 a. Do you plan to take this matter to court?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	<b>9 c. Are you represented by an attorney in this matter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Name of Attorney	Telephone Number ( )
------------------	-------------------------

Address (Number & Street) (City) (Zip Code)

**10. I learned about the Fair Housing Program from: (Be specific)**

**11. Demographic data**

Race/Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please specify) _____	Age: Date of Birth:
---	---	------------------------



City of Santa Barbara  
 Fair Housing Program  
**HOUSING DISCRIMINATION COMPLAINT FORM**

Sex/Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
Employed By:	Job Title:
Length of time with Employer:	Monthly Income \$ Other income \$

I certify under penalty of perjury under the laws of the State of California that all statements contained in this complaint are true and correct with full knowledge that all statements made are subject to investigation.

Signature	Date
-----------	------

Mail completed and signed form to:

City of Santa Barbara  
 Community Development Department  
 P.O. Box 1990  
 Santa Barbara, Ca. 93012  
 Attn. Fair Housing Program