

HOUSING DISCRIMINATION FORM

If you feel you are a victim of housing discrimination, please fill out the form below and submit to planning@co.armstrong.pa.us

I have been discriminated against because of my

Federal Protected Classes:	State Protected Classes
<input type="checkbox"/> Race	<input type="checkbox"/> Age
<input type="checkbox"/> Color	<input type="checkbox"/> Ancestry
<input type="checkbox"/> Religion	<input type="checkbox"/> Other
<input type="checkbox"/> National Origin	
<input type="checkbox"/> Familial Status	
<input type="checkbox"/> Gender	
<input type="checkbox"/> Disability	

Name	Address	City
County	Zip Code	
Phone #		
Email address		

Who do you believe discriminated against you?

Date Discrimination Occurred

