

City of La Crosse Human Rights Commission Complaint Form

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COMPLAINANT INFORMATION (YOURSELF)

Name * James L. Brown

Address * 209 west ave south apt 3 La Crosse, WI 54601

Phone 6086671837

Email JAMESBROWN7411@GMAIL.COM

RESPONDENT INFORMATION (PERSON/PERSON(S) YOU FEEL HAVE DISCRIMINATED AGAINST YOU)

Name * reliant real estate services

Address * 720 cass street

Phone 6087824100

Email

TYPE OF DISCRIMINATION ALLEGED

Check the appropriate Category, indicate the Address or Location of facility you were denied the equal opportunity to use or enjoy, and the Basis of the alleged discrimination.

Applicants must be able to demonstrate that they were denied the equal use/enjoyment of a facility **located in the City of La Crosse**.

Category: *

- ☒ Housing
- ☐ Place of Public Accommodation or Amusement [i.e. restaurant, hotel, retail shop]
- ☐ City Facility

Address/Location: * 209 west ave south apt 3 la crosse, wi

Basis (Check all those you feel may apply):

- ☐ Sex
- ☒ Race
- ☐ Religion
- ☐ Age
- ☐ Disability
- ☐ Marital Status
- ☐ Color
- ☐ National Origin or Ancestry
- ☐ Lawful Source of Income
- ☐ Physical Appearance
- ☐ Sexual Orientation
- ☐ Gender Identity or Expression
- ☐ Political Activity
- ☐ Familial Status
- ☐ Domestic Partnership
- ☐ Student

FACTS

To the best of your ability, give a detailed statement regarding the facts giving rise to this Complaint. The statement must include the date or dates of the alleged

discrimination. City Ordinance provides that a written Complaint **must be filed within 180 days** after the complainant knew or should reasonably have known that the alleged act or acts occurred. Additional pages may be attached to this form if necessary.

Statement *

i agreed to renew my lease for next year and was sent a renewal online. the renewal was rescinded afterwards. i was given no reason for this. i have lived here for the past 5 years