

Appt.: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Intake Officer: \_\_\_\_\_ Date: \_\_\_\_\_ CT: \_\_\_\_\_ ID No.: \_\_\_\_\_  
Accepted or Aborted: \_\_\_\_\_ Aborted Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Supervisor's Signature: \_\_\_\_\_

**HOUSING - PRELIMINARY QUESTIONNAIRE**

**Please answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)**

**Dates(s) of Alleged Discrimination:** \_\_\_\_\_  
(Note: You have 365 days to file a complaint of Housing Discrimination with this Agency.)

**Where did the alleged discrimination occur?** \_\_\_\_\_ (County)

**How did you hear about MCCR?** \_\_\_\_\_

**Have you previously filed this complaint with HUD or any other agency:**  Yes  No

**If yes, date filed and where:** \_\_\_\_\_

**1. Complainant Personal Information (Person Filing Complaint)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street or Mailing Address: \_\_\_\_\_ Apt or Unit #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Do You Have a Disability?  Yes  No

**Please answer each of the next three questions.**

- i. Are you Hispanic or Latino?  Yes  No
- ii. What is your Race? Please choose all that apply.  American Indian or Alaskan Native  Asian  White  
 Black or African American  Native Hawaiian or Other Pacific Islander
- iii. What is your National Origin (country of origin or ancestry)? \_\_\_\_\_

**Please Provide Name(s) of Other Aggrieved Persons** (Persons that have been or will potentially be injured by a discriminatory housing practice):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

**2. I believe that I was discriminated against by the following organization(s):** (Check those that apply)

- Housing Provider     Lending Institution     Property Management Company     HOA     Owner  
 Housing Commission/Authority     Condominium Association     Other (Please Specify)

**Organization Contact Information**

**Organization Name:** \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**HR Director or Owner Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Additional Organization Name:** \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**HR Director or Owner Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**3. Your Housing Data** (Complete as many items as you are able.)

Location of Alleged Violation \_\_\_\_\_

Type of Property Involved: \_\_\_\_\_

**If Rental Applicant**, Date You Applied for Rental \_\_\_\_\_ Denial Date \_\_\_\_\_

**If Loan Applicant**, Date You Applied for Loan \_\_\_\_\_ Denial Date \_\_\_\_\_

**4. What is the reason (basis) for your claim of housing discrimination?**

*FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.*

- Race  Sex  Disability  National Origin  Religion  Retaliation  Familial Status  Gender Identity
- Sexual Orientation  Marital Status  Color (typically a difference in skin shade within the same race)

**5. What is the violation (issue) involved in your claim of housing discrimination?**

- Refuse to rent a dwelling to any qualified buyer or renter.
- Use discriminatory terms and conditions in selling or renting.
- Set terms and conditions of home loans in such a way as to discriminate.
- Use discriminatory notices or advertisements indicating a preference or discriminatory limitations.
- Say that a dwelling is not available for inspection, sale, or rent when, in fact, it is available.
- Attempt to steer persons into or away from neighborhoods or apartment complexes due to being members of a protected class.
- Treat a person differently from everyone else because of race, disability, familial status (parent or legal custodian with children, pregnant), religion, sex, marital status, national origin or sexual orientation.
- Request information about birth control and/or family planning practices.
- Refuse to consider both applicants' incomes when seeking to buy or rent.
- Commit acts of prejudice, violence, harassment, intimidation, or abuse directed against families or individuals or their residential property.
- Refuse to permit, or at the expense of the renter, reasonable house modifications that are necessary for the daily life of a person with a mental or physical disability.
- Refuse to reasonably accommodate or adjust rules, policies, services or practices that hamper the use of an apartment, condominium, or house by a person with a physical or mental disability.
- Have multi-family housing that is not accessible to people with disabilities. Multi-family housing is required to have accessible units and access routes (wide doors and hallways), accessible public and common areas, and management must provide for effective communication as needed by a disabled person.
- Harassment on the basis of a protected class (above, such as sexual harassment), and retaliation for filing a complaint or being involved in the investigation are both prohibited under law and enforced by MCCR.
- Other \_\_\_\_\_

**What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you.**

**A. Date:** \_\_\_\_\_ **Action:** \_\_\_\_\_

**Name and Title of Person(s) Responsible:** \_\_\_\_\_

B. Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person(s) Responsible: \_\_\_\_\_

C. Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person(s) Responsible: \_\_\_\_\_

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

\_\_\_\_\_  
\_\_\_\_\_

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

\_\_\_\_\_  
\_\_\_\_\_

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for rental, who else was renting, or who else was evicted? Provide protected class characteristics (ex. race, sex, age, national origin, religion, disability, sexual orientation) of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on.

Of the persons in the same or similar situation as you, who was treated better than you?

| <u>Full Name</u> | <u>Protected Class Characteristics</u> | <u>Description of Treatment</u> |
|------------------|--|---------------------------------|
|------------------|--|---------------------------------|

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

Of the persons in the same or similar situation as you, who was treated worse than you?

| <u>Full Name</u> | <u>Protected Class Characteristics</u> | <u>Description of Treatment</u> |
|------------------|--|---------------------------------|
|------------------|--|---------------------------------|

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

Of the persons in the same or similar situation as you, who was treated the same as you?

| <u>Full Name</u> | <u>Protected Class Characteristics</u> | <u>Description of Treatment</u> |
|------------------|--|---------------------------------|
|------------------|--|---------------------------------|

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

**Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13.**

- 9. Please check all that apply:**
- Yes, I have a disability
  - I do not have a disability now but I did have one
  - No disability but the organization treats me as if I am disabled

**10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything?** (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

**11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?**  
 Yes  No

If "Yes," what medication, medical equipment or other assistance do you use?

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**12. Did you ask your housing provider for any assistance or accommodations because of your disability?**  Yes  No

If "Yes," when did you ask? \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Who did you ask? (Provide full name and job title of person)

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Describe the assistance or accommodations that you asked for: \_\_\_\_\_

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How did they respond to your request? \_\_\_\_\_

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**13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say.**

| Full Name | Address & Phone Number | What do you believe this person will tell us? |
|-----------|------------------------|---|
|-----------|------------------------|---|

A. \_\_\_\_\_

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B. \_\_\_\_\_

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**14. Have you sought help about this situation from an attorney or any other source?**  Yes  No

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

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15. What remedy are you seeking? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you come up with this remedy? \_\_\_\_\_

\_\_\_\_\_

**I SOLEMNLY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONTENTS OF THE FOREGOING STATEMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_