

## HOUSING DISCRIMINATION COMPLAINT QUESTIONNAIRE

## **BROWARD COUNTY HUMAN RIGHTS SECTION**

115 S. Andrews Avenue, Room 427 FORT LAUDERDALE, FLORIDA 33301

TELEPHONE: (954) 357-7800 FAX: (954) 357-7817 TTY (954) 357-6181

HTTP://WWW.BROWARD.ORG/HUMANRIGHTS/

**IMPORTANT NOTICE TO POTENTIAL COMPLAINANT**: Completion of this form is necessary in order for the Human Rights Section (Section) to determine if you have sufficient legal grounds to initiate the filing of a complaint of housing discrimination.

Completion and submission of this questionnaire <u>does not</u> constitute the filing of a complaint of

**discrimination.** Upon receipt of this completed questionnaire, we will determine if you have stated sufficient factual allegations to proceed further. If the facts are not sufficient, we will either contact you for further information or notify you of our determination that the facts are not sufficient. If the facts are sufficient, a complaint will be prepared for you to sign, and return to the Section for filing and investigation. You must return the signed complaint form so that it is received by the Section within 365 days of the date of the most recent act of alleged discrimination.

When completing this form, please print legibly or use a typewriter. Please do not write on the back of the page. Use additional sheets if necessary.

1. Personal Information:					
Last Name:	First Name:				
Street/Mailing Address:			Apt./Unit #		
City:	County:	State:	Zip:		
Phone Numbers: Home: ( )		Work: <u>(</u> )			
Cell: _( )	Email Address:				
Date of Birth:	Sex: Male □ Fema	ale 🗆			
National Origin/Ethnicity:	Do	you have a disability?	Yes □ No □		
How did you hear of our office?					
PROVIDE THE NAME OF A PERSON WE CAN CONTACT IF WE ARE UNABLE TO REACH YOU:					
Name:		Relationship:			
Address:	City:	State:	Zip:		
Home: ( )	Other: _ ( )				
2. INFORMATION ABOUT YOUR DISCRIMINATION CLAIM:  I believe that I was discriminated against by the following (i.e. housing provider, landlord, condominium association, homeowner's association, realtor, broker, owner, bank etc.):					
Property/Landlord Name:					
Address:		County:			

Zip: Telephone:

Wh	at is the address of the house or property that	at is involve	ed in your di	scrimination	claim?	
Add	dress:			_ County:		
City	<i>r</i> :	State: _	Z	p:	Telephone:	
We	re you residing at the above address at the t	ime of the a	alleged disc	rimination?	Yes □ No □	
If ye	es, when did you first move to this address?					
Hov	w many units are located at this address?		(Month)	(Day) (Y	′ear)	
	ne property: (a) Single Family Dwe	llina	— (b) Mul	ti-Family Dw	elling (apartment/condomin	ium)
	What is the reason (Basis) for your cla				oming (aparament condensis	,
E Id C	EXAMPLE: Were you denied rental/leasing boan/insurance/financing because of your relichildren? Were you subjected to different tendere you harassed? Check the factor(s) belowote: If your claim is based on disability, p	ecause of y gion? Wer ms and con ow that you	your race? e you turne ditions? W believe app	Were you de d down for a as housing fa oly.	n apartment because you h alsely denied as being avail	
F	Race □ Color □ National Origin □ Se	ex □ Age	e □ Relig	jion □ Dis	ability □ Pregnancy □	
C	Gender Identity/Expression ☐ Sexual Orier	ntation 🗆	Political Aff	iliation   M	arital Status □	
F	Retaliation   Familial Status (families with o	children unde	er 18) □			
4.	BRIEF STATEMENT REGARDING YOUR DISCR	IMINATION	CLAIM:			
-	The most recent act of discrimination took pl	ace on:				
1	(Briefly describe the action that was taken age the action was discriminatory. Indicate what as a result of this alleged action. Use additions side of the page.	harm, if an	that you bel y, was caus	sed to you or	others in your household of	or family,
-						

5.	WHAT REASON(S), IF ANY, DID THE HOUSING PROVIDER GIVE FOR THE ALLEGED DISCRIMINATORY TREATMENT?			
6.	ARE THERE ANY WITNESSES TO THE ALLEGED DISCRIMINATORY INCIDENT(s)? Yes □ No □ If yes, please provide the names, addresses and contact numbers for all persons who have knowledge about the alleged discriminatory treatment and indicate what each person knows about this matter.			
7.	WHAT RELIEF ARE YOU SEEKING IN THIS MATTER OR WHAT WOULD YOU BE WILLING TO ACCEPT TO RESOLVE THIS MATTER IMMEDIATELY?			
8.	ARE YOU WILLING TO PARTICIPATE IN CONCILIATION TO SEEK AN EARLY RESOLUTION OF YOUR CLAIM(S)? Yes $\square$ No $\square$			
9.	<b>HAVE YOU SOUGHT ASSISTANCE FROM ANY OTHER AGENCY, ATTORNEY, ETC?</b> Yes $\square$ No $\square$ If yes, please provide the name of the person or organization you spoke with, the date of assistance and the results, if any.			
10	. HAVE YOU PREVIOUSLY FILED A COMPLAINT WITH THE SECTION OR HUD? Yes □ No □ If yes, when did you file?  Complaint No. (if known):			
	(Month) (Day) (Year)			
11. Additional Comment(s):				

## **INFORMATION ABOUT YOUR DISABILITY:** IF YOU ARE CLAIMING DISCRIMINATION BASED ON DISABILITY, PLEASE ANSWER THE FOLLOWING QUESTIONS:

12. DO YOU (OR THE PERSON YOU ARE ASSISTING) HAVE A PHYSICAL OR MENTAL IMPAIRMENT? Yes \( \text{No} \)		
13. What is the NAME of Your Disability? How does your disability Affect or LIMIT Your daily Life or work ACTIVITIES? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for oneself, working, seeing, hearing, speaking, performing manual tasks, other, etc.)		
<b>14. Is YOUR DISABILITY PERMANENT?</b> Yes □ No □ If you answered no, how long is your disability expected to persist?		
<b>15. Do you believe that your housing provider</b> ( <i>i.e. landlord, condominium association, homeowner's association, realtor, etc.</i> ) <b>KNOWS ABOUT YOUR DISABILITY?</b> Yes □ No □		
<b>16. DID YOU REQUEST AN ACCOMMODATION BECAUSE OF YOUR DISABILITY?</b> Yes □ No □ If yes, when did you make the request? Was it written or verbal? To whom did you make the request? What was the housing provider's response to your request for an accommodation?		
A. I have been advised by a representative of the Broward County Human Rights Section (Section) that completion of this questionnaire is necessary in order for the Section to determine if I have sufficient legal grounds to initiate the filing of a complaint of housing discrimination. I understand that completion and submission of this questionnaire does not constitute the filing of a complaint of housing discrimination and that upon receipt and review of this completed questionnaire, the Section will determine if I have stated sufficient factual allegations to proceed with the actual filing of a complaint of housing discrimination.		
B. I understand that to be timely filed, a complaint of housing discrimination must be signed and received by the Section within 365 days of the date of the most recent act of alleged discrimination.		
Under penalty of perjury, I declare that I have read the entire contents of this questionnaire and that my answers and statements contained herein are true and correct.		
Signed:		
Printed Name:		
Date Signed:		