



HOUSING DISCRIMINATION COMPLAINT QUESTIONNAIRE

BROWARD COUNTY HUMAN RIGHTS SECTION

115 S. ANDREWS AVENUE, ROOM 427
FORT LAUDERDALE, FLORIDA 33301
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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 does not 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: MI:

Street/Mailing Address: Apt./Unit #

City: County: State: Zip:

Phone Numbers: Home: Work:

Cell: Email Address:

Date of Birth: Sex: Male Female

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:

City: State: Zip: Telephone:

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 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.)

14. IS YOUR DISABILITY PERMANENT? Yes No If you answered no, how long is your disability expected to persist?

15. DO YOU BELIEVE THAT YOUR HOUSING PROVIDER (*i.e. landlord, condominium association, homeowner's association, realtor, etc.*) **KNOWS ABOUT YOUR DISABILITY?** Yes No

16. DID YOU REQUEST AN ACCOMMODATION BECAUSE OF YOUR DISABILITY? 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: _____