

HOUSING DISCRIMINATION COMPLAINT QUESTIONNAIRE

HUMAN RIGHTS SECTION

115 S. Andrews Avenue, Room 427 Fort Lauderdale, Florida 33301 Telephone: (954) 357-6500 Fax: (954) 357-7817 TTY (954) 357-7888

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, notarize and return to the Section for filing and investigation. You must return the signed and notarized complaint document 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 for, please print legibly. Please do not write on the reverse side of the page. Use additional sheets if necessary

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 🗆 Fe	male 🗆	
National Origin/Ethnicity:		Do you have a disabilit	y? Yes 🗆 No 🗆
How did you hear of our office?			
PROVIDE THE NAME OF A PERSON WE (
Name:		Relationship:	
Address:	City:	Sta	te: Zip:
Home: _()	Other: <u>(</u>)		
2. INFORMATION ABOUT YOUR DISCRI	IMINATION CLAIM [.]		
I believe that I was discriminated aga homeowner's association, realtor, brok	ainst by the following (<i>i.e. ho</i>	using provider, landlor	d, condominium association,
Property/Landlord Name:			
Address:			
City:	State [.]	Zip [.] Teler	hone.

1. PERSONAL INFORMATION:

Housing Discrimination Questionnaire (REV 01/2023)

What is the address of the house or property that is involved in your discrimination claim?

Address: County:	
City: State: Zip: Telephone:	
Were you residing at the above address at the time of the alleged discrimination? Yes \Box No \Box	
If yes, when did you first move to this address?	
(Month) (Day) (Year)	
Is the property: (a) Single Family Dwelling (b) Multi-Family Dwelling (apartment/condomi	nium)
3. WHAT IS THE REASON (BASIS) FOR YOUR CLAIM OF HOUSING DISCRIMINATION?	
EXAMPLE: Were you denied rental/leasing because of your race? Were you denied a mortgage loan/insurance/financing because of your religion? Were you turned down for an apartment because you children? Were you subjected to different terms and conditions? Was housing falsely denied as being available you harassed? Check the factor(s) below that you believe apply. Note: If your claim is based on disability, please complete questions 12 – 16 located on page 4.	
Race 🗆 Color 🗆 National Origin 🗆 Sex 🗆 Age 🗆 Religion 🗆 Disability 🗆 Pregnancy 🗆	
Gender Identity/Expression 🗆 Sexual Orientation 🗆 Political Affiliation 🗆 Marital Status 🗆	
Retaliation 🗆 Familial Status (families with children under 18) 🛛 Veteran or Service Member Status 🗆	
Lawful Source of Income \Box Victim of Dating, Domestic Violence or Stalking \Box	
4. BRIEF STATEMENT REGARDING YOUR DISCRIMINATION CLAIM: The most recent act of discrimination took place on:	
(Month) (Day) (Year) (Briefly describe the action that was taken against you that you believe to be discriminatory and why you	

(Briefly describe the action that was taken against you that you believe to be discriminatory and why you believe the action was discriminatory. Indicate what harm, if any, was caused to you or others in your household or family, as a result of this alleged action. <u>Use additional sheets if necessary. Please do not write on the reverse side of the page</u>.

- 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 D No D 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 D No D

9. HAVE YOU SOUGHT ASSISTANCE FROM ANY OTHER AGENCY, ATTORNEY, ETC? Yes D No D 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 D No D If yes, when did you file?

(Month) (Day) (Year)

Complaint No. (if known):

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 D No D
- **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 D No D
- **16.** DID YOU REQUEST AN ACCOMMODATION BECAUSE OF YOUR DISABILITY? Yes No No I 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.
- C. I have been given assurances by an agent of the Section that pursuant to Broward County's Human Rights Ordinance (Chapter 16¹/₂), and applicable Florida Statutes, this Questionnaire will be considered confidential and will not be disclosed (except to the parties to this proceeding, including the housing provider and its legal representative) as long as the complaint remains open, unless it becomes necessary for the Section to produce the Questionnaire in a formal proceeding. Upon the closing of this complaint, the Questionnaire may be subject to further disclosure in accordance with Chapter 16¹/₂ and Florida's Public Record Act.

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:	