



**HOUSING DISCRIMINATION
COMPLAINT QUESTIONNAIRE**

Broward County Civil Rights Division
115 South Andrews Avenue, Room A680
Fort Lauderdale, FL 33301
Telephone: (954) 357-7800 FAX: (954) 357-7817 / TDD:(357) 357-6181
<http://www.broward.org/civilrights/welcome.htm>

IMPORTANT NOTICE TO POTENTIAL CHARGING PARTY: Completion of this form is necessary in order for the Civil Rights Division (CRD) to determine if you have sufficient legal grounds to initiate the filing of a charge of housing discrimination.

Completion and submission of this Questionnaire does not constitute the filing of a charge 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 CRD for filing and investigation. You must return the signed complaint form so that it is received by CRD within one (1) year of the date of the most recent act of alleged discrimination. When completing this form, please print legibly or use typewriter. Please do not write on the back of the page. Use additional sheets if necessary.

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PERSONAL INFORMATION:

1. My name is: _____
(First) (Middle Name or Initial) (Last)
2. My date of birth is _____.
3. My gender is _____ and my racial identity is _____
4. I reside at _____
in the City of _____ County of _____
State of _____ Zip Code _____
5. My day time telephone number, including the area code is: _____
6. My evening telephone number, including the area code is: _____
7. The name of a person who will know how to reach me is: _____
Their telephone number (including area code) is: _____

INFORMATION ABOUT YOUR DISCRIMINATION CLAIM:

What is the name of the housing provider, landlord, condominium association, homeowner's association, realtor, etc., that you believe discriminated against you:

Name: _____

Address: _____

City: _____ State _____ Zip _____ Telephone No. _____

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

Property Name: _____

Address: _____

City: _____ State _____ Zip _____ Telephone No. _____

In what Florida County is this property located? _____

Were you residing at the above address at the time of the alleged discrimination? ____ (Yes) ____ (No).

If you answered yes to the above question, when did you first move to this address? _____

How many units are located at this address? _____

Is the subject property: ____ (a) multi-family (apartment/condominium); or ____ (b) single family.

Please indicate the basis upon which you believe you were discriminated against. (Check and respond only to those that are applicable to your case.)

Race. If your claim is based on race, what is your race? _____

Color. If your claim is based on color, what is your color? _____

National Origin. If your claim is based on national origin, what is your national origin? _____

Sex. If your claim is based on sex (or gender), what is your sex (gender)? _____

If your claim is based on sexual harassment, did you report the alleged harassment to the employer? __Yes __ No.

If yes, what actions did the housing provider take based upon your report? _____

Age. If your claim is based on age, what is your age? _____

Religion. If your claim is based on religion, what is your religion? _____

Did you request an accommodation for a religious practice or belief? __Yes __ No. If yes, what was the housing provider's response to your request? _____

Familial Status. If your claim is based on familial status, please indicate the number and ages of your dependent child(ren).

Disability. If your claim is based on disability, what is your disability? _____

(NOTE: IF YOUR CLAIM IS BASED ON DISABILITY. PLEASE COMPLETE THE ATTACHED DISABILITY QUESTIONNAIRE.)

Did you request an accommodation for your disability? __Yes __ No.

If yes, what was the employer's response to your request for an accommodation? _____

What was the property owner's/housing provider's response to your request for an accommodation or modification?

Marital Status. If your claim is based on marital status, please indicate whether you are: __ single; __ married; __ divorced; __ other (please specify:)

Sexual Orientation. If your claim is based on sexual orientation, what is your sexual orientation? _____

The names, addresses and telephone numbers for all persons who have knowledge about the alleged discriminatory treatment are listed below. I have also given a summary of what each person knows about this matter.

WHAT RELIEF ARE YOU SEEKING IN THIS MATTER? _____

WHAT WOULD YOU BE WILLING TO ACCEPT TO RESOLVE THIS MATTER IMMEDIATELY? _____

ARE YOU WILLING TO PARTICIPATE IN CONCILIATION TO SEEK AN EARLY RESOLUTION OF YOUR CLAIM(S)?

_____ Yes. _____ No.

HAVE YOU SOUGHT ASSISTANCE FROM ANY OTHER AGENCY, ATTORNEY, ETC.? _____

If so, what is the name of the source of assistance? _____

Date of assistance: _____ Results, if any: _____

HAVE YOU PREVIOUSLY FILED A COMPLAINT WITH THE CIVIL RIGHTS DIVISION or HUD? ____ Yes ____ No

If yes, when did you file: _____ Complaint No. (If known): _____

A. I have been advised by a representative of the Civil Rights Division (CRD) that completion of this Questionnaire is necessary in order for the Civil Rights Division 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 discrimination and that upon receipt and review of this completed Questionnaire, CRD will determine if I have stated sufficient factual allegations to proceed with the actual filing of a complaint of discrimination.

B. I understand that to be timely filed a complaint of discrimination must be received by CRD within one (1) year 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: _____

