



HOUSING DISCRIMINATION COMPLAINT QUESTIONNAIRE

PROFESSIONAL STANDARDS/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 Professional Standards/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.

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:

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  No

If yes, when did you first move to this address? \_\_\_\_\_  
(Month) (Day) (Year)

How many units are located at this address? \_\_\_\_\_

Is the property: \_\_\_\_\_ (a) Single Family Dwelling \_\_\_\_\_ (b) Multi-Family Dwelling (apartment/condominium)

**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 have children? Were you subjected to different terms and conditions? Was housing falsely denied as being available? Were 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  Victim of Dating, Domestic Violence or Stalking

**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 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. **Use additional sheets if necessary. Please do not write on the reverse side of the page.**

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5. WHAT REASON(S), IF ANY, DID THE HOUSING PROVIDER GIVE FOR THE ALLEGED DISCRIMINATORY TREATMENT?

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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.

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7. WHAT RELIEF ARE YOU SEEKING IN THIS MATTER OR WHAT WOULD YOU BE WILLING TO ACCEPT TO RESOLVE THIS MATTER IMMEDIATELY?

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

Yes  No

9. HAVE YOU SOUGHT ASSISTANCE FROM ANY OTHER AGENCY, ATTORNEY, ETC? Yes  No  If yes, please provide the name of the person or organization you spoke with, the date of assistance and the results, if any.

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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): \_\_\_\_\_

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**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.)

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

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**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?

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A. I have been advised by a representative of the Broward County Professional Standards/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: \_\_\_\_\_