

HOUSING DISCRIMINATION COMPLAINT QUESTIONNAIRE

If you need assistance in completing this form, have difficulty completing any portions of this form due to incompatibility with adaptive technology, or you need the information in an alternative format, please contact us at:

Palm Beach County Office of Equal Opportunity
301 North Olive Avenue, 10th Floor – West Palm Beach, FL 33401
Telephone: (561) 355-4883 | FAX: (561) 355-4932 | TDD: (561) 355-1517
<http://www.pbcgov.com/equalopportunity>

IMPORTANT NOTICE TO POTENTIAL COMPLAINANT: Completion of this form is necessary in order for the Office of Equal Opportunity (OEO) 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 OEO for filing and investigation. You must return the signed complaint form so that it is received by OEO not later than one (1) year after 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.*

PERSONAL INFORMATION

1. My name is _____

Last Name

First Name

Middle Name or Initial
2. My year of birth (four-digit) ____ _
3. My gender is _____ and my racial identity is _____

☐ Hispanic or Latino

☐ Not Hispanic or Latino
4. I reside at _____
in the City of _____ County of _____
State of _____ Zip Code _____
5. My daytime telephone number, including the area code, is _____
6. My evening telephone number, including the area code, is _____
7. My email address is _____
(NOTE: Under Florida law, email addresses are public records. Do not provide your email address if you do not want it released in response to a public records request.)
8. The name of a person who will know how to reach me is _____
Their telephone number, including the area code, is _____

9. How did you hear about us?

☐ Referred by _____

☐ Attended which outreach event? _____

INFORMATION ABOUT THE HOUSING PROVIDER

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

Name _____

Address _____

City _____ State _____ Zip _____ Telephone No. _____

Does the owner live there? ☐ Yes ☐ No ☐ Unknown

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? _____

Subject property is: ☐ Single-family ☐ A house or building for 2, 3 or 4 families

☐ A building for 5 families or more (apartment/condominium) ☐ Other, including vacant land held for residential use (describe):

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 housing provider? ☐ 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 A DISABILITY, PLEASE COMPLETE THE ATTACHED DISABILITY QUESTIONNAIRE.)

Did you request an accommodation or modification for your disability? ☐ Yes ☐ No

If yes, what accommodation or modification did you request? _____

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? _____

☐ **Retaliation.** If your claim is based on retaliation, have you previously filed a housing discrimination claim with either HUD, FCHR or OEO? ☐ Yes ☐ No

Have you previously filed a claim of housing discrimination through the housing provider's internal procedures? ☐ Yes ☐ No

Have you testified or assisted someone else in protecting their rights under the fair housing laws? ☐ Yes ☐ No

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. Indicate what harm, if any, was caused to you or others in your party or family as a result of this alleged action. (For example: Were you refused rental leasing? Were you subjected to different terms and conditions? Was housing falsely denied as being available? Were you harassed? Were you denied a mortgage/insurance/financing?, etc.)

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[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.? ☐ Yes ☐ No

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

Date of assistance _____ Results, if any _____

Have you previously filed a complaint with OEO or HUD? ☐ Yes ☐ No

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

A. Completion of this Questionnaire is necessary in order for the Office of Equal Opportunity 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, OEO 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 OEO not later than one (1) year after 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 _____



HOUSING DISCRIMINATION COMPLAINT QUESTIONNAIRE Continuation Sheet[illegible]