



## Housing Discrimination Pre-Interview Questionnaire

*To be completed by JHRC staff:* R \_\_\_\_\_ S \_\_\_\_\_ JHRC #: \_\_\_\_\_

Please answer all of the questions that apply to your situation. Your answers will be used to develop your complaint and to assist in the investigation of your case. Your answers are confidential. These inquiries are requested so we may help you, not as an invasion of your privacy. Reminder: Completing this questionnaire *does not* mean that you have filed a formal complaint.

### PERSONAL INFORMATION

Name  Ms.  Mr.  Mrs.

\_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_ Apt/Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Race or National Origin \_\_\_\_\_ Sex \_\_\_\_\_

E-mail address \_\_\_\_\_

**Representation:** If you are presented by an attorney, please provide the attorney's name and phone number.

Attorney's Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CONTACT INFORMATION: Please provide the following information for a relative who does not live with you; but who can always reach you:**

Name  Ms.  Mr.  Mrs. Relationship \_\_\_\_\_  
\_\_\_\_\_  
(Last) (First) (Middle)  
Mailing Address \_\_\_\_\_ Apt/Lot # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

**COMPLAINT DATA**

What was the **most recent or last date** that you were allegedly discriminated against (i.e. refused opportunity to rent or buy, evicted, refused reasonable accommodations or modifications, etc.)? \_\_\_\_\_

Name of housing complex \_\_\_\_\_

Address of the property \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of property involved:

- Multi-family housing complex
- Single family house
- Housing for 2, 3 or 4 families (Does the owner live there?  Yes  No)
- Housing for 62 or older

Name of who allegedly discriminated against you \_\_\_\_\_

This person(s) is the:

- Banker or lender
- Builder/Contractor
- Property manager
- Owner
- Realtor/Broker
- Other \_\_\_\_\_

## THE COMPLAINT

1. Do you believe you were discriminated against because of your race, national origin, religion, sex, disability, familial status? Check all that apply.

- Race or Color       Black       White  
 National Origin \_\_\_\_\_  
 Religion \_\_\_\_\_  
 Sex                       Female       Male  
 Disability               Physical       Mental  
 Familial Status       Pregnant       Children under 18 years of age  
 Other \_\_\_\_\_

2. What did the person you are complaining about do that was discriminatory:

- Refused to rent or sell to you  
 Offered different terms, conditions, or privileges for sale or rental  
 Falsely denied housing was available for inspection  
 Made a statement or printed an advertisement stating a preferred group only  
 Refused to make or delayed permission to make certain accommodations because of your disability  
 Refused or delayed permission to allow reasonable modifications to the property  
 Failed to design or construct housing in an accessible manner  
 Engaged in unlawful discrimination in a loan transaction secured by real estate  
 Harassed, coerced, intimidates or interfered with your full benefits of the applicable fair housing laws  
 Other \_\_\_\_\_

3. List the names and contact information for any witnesses to the alleged discriminatory act? (*Please print*)

Name  Ms.  Mr.  Mrs. \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Name  Ms.  Mr.  Mrs. \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

