



HOUSING INTAKE QUESTIONNAIRE

1. Complainant(s) Contact Information:

Name: _____
Filing on behalf of: _____
Address: _____
Address (Suite, Apt. etc.): _____
City/State/Zip Code: _____
Email Address: _____
Telephone No: _____
Cell Phone No.: _____
Date of Birth: _____
Sex: _____ Race: _____ Are you Hispanic? Yes No
What is your National Origin? _____

2. Respondent(s) Contact Information: (person, landlord, owner, housing provider, or other entity against whom you are filing this complaint)

Name: _____
Address: _____
Address (Suite, Apt. etc.): _____
City/State/Zip Code: _____
Telephone No: _____

3. Protected Class(es): (check all reasons you have been discriminated against and specify the class, e.g., race, African American; sex, female):

- | | |
|--|---|
| <input type="checkbox"/> Race: _____ | <input type="checkbox"/> Ancestry: _____ |
| <input type="checkbox"/> Color: _____ | <input type="checkbox"/> Religious Creed: _____ |
| <input type="checkbox"/> Sex/Orientation: _____ | <input type="checkbox"/> National Origin: _____ |
| <input type="checkbox"/> Age: _____ | <input type="checkbox"/> Familial Status: _____ |
| <input type="checkbox"/> Disability: _____ | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Use of Guide or Support Animal: _____ | |

4. The zipcode where you were harmed: _____

5. I began renting the subject property from Respondent on: _____

6. I applied to rent the subject property from Respondent on: _____

7. Dates of Discrimination: Beginning: _____ Ending: _____ Continuing? Yes No

