Florida Commission on Human Relations

Technical Assistance Questionnaire for Housing Complaints

The primary purpose of this questionnaire is to solicit information about claims of housing discrimination, determine whether the Florida Commission on Human Relations (FCHR) has jurisdiction over those claims and provide charge filing counseling, as appropriate. Providing this information is voluntary, but the failure to do so may impede the Commission’s investigation of a charge. It is not mandatory that this form be used to provide the requested information. If the FCHR accepts this form as a charge, this form will be provided to the housing provider as identified.

REMEMBER, a charge of housing discrimination must be filed within 365 days of the alleged act of discrimination.

1. Personal Information

   Last Name: _______________________________ First Name: _______________________________ MI: ___________
   Street or Mailing Address: ___________________________________________ Apt or Unit #: ______________
   City: _____________________________ County: ____________________ State: _________ Zip: ________________
   Phone Numbers: Home: (_____) _________________________ Work: (_____) _______________________________
   Mobile telephone: (_____) _________________________ Email address: _________________________________
   Date of Birth: ______________ Sex: □ Male □ Female

2. Other Occupants and/or Children (include names and dates of birth):

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Please provide the name of a person we can contact if we are unable to reach you:

   Name: Relationship: ________________________________
   Address: __________________________________ City: __________________ State: _____ Zip Code: ____________
   Home Phone: (____) _____________________________ Other Phone: (____) _____________________________
4. I believe that I was discriminated against by:

Name: ________________________________________________________________

Address: __________________________________________ County: _______________________

City: ____________________________ State: ____ Zip: ____________ Phone: (____) _______________________

This person/entity is a:

□ Owner
□ Builder
□ Sales Person/Realtor
□ Manager
□ Bank or other lender
□ Other: ________________________________________________________________________________________

5. What is the reason (basis) for your claim of housing discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, check all that apply. If you complained about discrimination, participated in someone else’s complaint or filed a charge of discrimination and a negative action was threatened or taken, you should check the box next to Retaliation.

□ Race: □ Black □ White □ Asian □ Native Hawaiian/Pacific Islander □ American Indian or Alaska Native

□ Color: □ Light Skinned □ Dark Skinned □ Other: ______________________________________________________________________________________________

□ National Origin: □ Hispanic □ Mexican □ Arab/Afghani/Middle Eastern □ East Indian □ Other: ________________

□ Familial Status: □ Pregnant □ Child under 18 years of age

□ Sex: □ Female □ Male

□ Retaliation

□ Religion (Please identify): ______________________________________________________________________________________________

□ Disability/Handicap: □ Physical □ Mental

□ Other Reason (basis) for Discrimination (describe): ______________________________________________________________________________________________

6. What type of property was involved?

□ Single family house

□ A house or building for 2, 3 or 4 families

□ A building for 5 families or more

□ Other, including vacant land held for residential use (describe): ______________________________________________________________________________________________

7. What is the address of the property involved?

Address: ______________________________________________________________
8. Does the owner live there?

☐ Yes
☐ No
☐ Unknown

9. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Attach additional pages if needed.

(Example: 08/08/2011 – Accommodation request refused by Mr. John Smith, Property Manager)

A. Date: _________________
Action: _______________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

B. Date: _________________
Action: _______________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

C. Date: _________________
Action: _______________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
10. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

11. What reason(s) were given to you for the acts you consider discriminatory? By whom and job title?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

12. Do you believe you were treated differently from people outside your protected class? For example, who else made a bona fide offer for the same dwelling, lived in the same housing community as you, had the same violation history, or had the same payment history. Provide the race, color, national origin, sex, disability, familial status or religion of these individuals, if known, and if it relates to your claim of discrimination. Attach additional pages if needed.

A.________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

B.________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
13. **Are there any witnesses to the alleged discriminatory incidents?** If yes, please identify them below and tell us what they will say. **Attach additional pages if needed.**

A.___________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

B.___________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

C.___________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

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_____________________________________________________________________________________________

14. **Have you filed a charge previously on this matter with HUD or another agency?** □ Yes □ No

If so, provide the name of the agency and the date of filing: __________________________________________
15. Have you sought help about this situation from an attorney or any other source? □ Yes □ No

Provide name of organization, name of person you spoke with, date of contact and the results or outcome, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of housing discrimination, you must do so within 365 days from the date you were allegedly discriminated against. If you do not file a charge of discrimination within the time limit, you will lose your ability to file a charge. If you would like more information before filing a charge or you have concerns about the FCHR notifying the individual or organization about your charge, check Box 1. If you want to file a charge, check Box 2.

BOX 1 □ I want to talk to an FCHR employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the FCHR. I also understand that I could lose my ability to file a charge if I do not file in time.

BOX 2 □ I want to file a charge of discrimination, and I authorize the FCHR to look into the discrimination I described above. I understand that the FCHR must give the individual or organization that I accuse of discrimination information about the charge, including my name. I also understand that the FCHR can only accept charges of housing discrimination based on race, color, national origin, sex, disability, familial status, religion or retaliation for opposing discrimination. By signing below, I verify that I have read the above information and that the facts stated are true.

Signature: ______________________________ Date: ______________________________

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Facsimile (850) 487-1007