



HOUSING/COMMERCIAL SPACE INTAKE QUESTIONNAIRE

COMPLETING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A DISCRIMINATION CHARGE.

***Required Fields**

1. COMPLAINANT	
*Today's Date: _____	*Name: _____
*Address: _____	
*City/State/Zip: _____	
E-mail: _____ *Home Tel #: _____ Work Tel #: _____	*What language do you prefer to communicate in? ___ English ___ Spanish ___ Amharic ___ Chinese ___ Vietnamese ___ Korean ___ Other (Please list) _____
IF REPRESENTED BY COUNSEL, PLEASE PROVIDE THE FOLLOWING:	
Name: _____ Telephone/Fax: _____	
Address: _____ E-mail: _____	
Please note: If you are represented by counsel or retain counsel prior to your scheduled Intake interview, the counsel must either (1) be present with you for the duration of your Intake interview, or (2) withdraw his/her appearance from the interview by submitting a letter to the Office indicating that the interview may take place without his/her representation.	
Do you require a reasonable accommodation? If so, please explain:	

Do you require language interpretation? If so, what language?	

2. RESPONDENT	
The person that discriminated against you was:	
<input type="checkbox"/> Owner <input type="checkbox"/> Property Manager <input type="checkbox"/> Leasing Agent <input type="checkbox"/> Maintenance Person <input type="checkbox"/> Other _____	
Place where discrimination occurred:	
<input type="checkbox"/> Single Family Home/Duplex <input type="checkbox"/> Apartment Complex <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative	
Property Address: _____ Date of Occurrence: _____	
NAME OF ESTABLISHMENT (INCLUDE MANAGEMENT COMPANY:)	NAME AND TITLE OF AGENT, REALTOR, BROKER:
Address: _____	City/State/Zip: _____
Tel/Fax #: _____	E-mail Address: _____
3. ISSUE OF COMPLAINT	
*What action was taken that made you feel you were treated differently?	
<input type="checkbox"/> Refusal to rent/sell <input type="checkbox"/> Discriminatory advertising, statements and notices <input type="checkbox"/> Discriminatory Financing Terms <input type="checkbox"/> Failure to make an accommodation <input type="checkbox"/> False Representation of Availability <input type="checkbox"/> Retaliation, Harassment, Intimidation, Coercion (i.e. Disability) <input type="checkbox"/> Discriminatory terms, conditions, services and facilities <input type="checkbox"/> Other _____	

4. BASIS OF COMPLAINT

The basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in that category.

***Do you feel you were discriminated against because of your: (Please check appropriate box).**

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex | <input type="checkbox"/> Age | <input type="checkbox"/> Matriculation | <input type="checkbox"/> Source of Income |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity or expression | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Personal Appearance | <input type="checkbox"/> Political Affiliation | <input type="checkbox"/> Place of Residence or Business |
| <input type="checkbox"/> Status of a victim of an intra-family offense | <input type="checkbox"/> Familial Status | | | |

5. JURISDICTION

***Please check all that apply:**

- Alleged violation occurred in the District of Columbia.
- Alleged violation occurred 365 days or less from today's date.
- You have not commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein.

6. WITNESSES

List whom you feel can corroborate your experience and provide evidence in your support.

Name: _____	Name: _____	Name: _____
E-mail Address: _____	E-mail Address: _____	E-mail Address: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____

*7. YOUR COMPLAINT

Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying goods, services, etc. If this is a disability-based complaint, please specify whether an accommodation was requested; the person the request was submitted to and the date Respondent was notified of your disability.

SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE.

Please return this form by mail or in-person to: 441 4th Street NW, Suite 570N, Washington DC, 20001.

The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

*Signature of Potential Charging Party

*Date