



OHR QUESTIONNAIRE-HOUSING/COMMERCIAL SPACE

***Required Fields**

1. COMPLAINANT

*Today's Date: _____	*Preferred Name: _____
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*Address: _____	*City/State/Zip: _____
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E-mail: _____ *Home Tel #: _____ Work Tel #: _____	*What is your language preference? ___ English ___ Spanish ___ Amharic ___ Chinese ___ Vietnamese ___ Korean ___ Other (Please list) _____
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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:
 Owner Property Manager Leasing Agent Maintenance Person Other _____

Place where discrimination occurred:
 Single Family Home/Duplex Apartment Complex Condominium Cooperative

Property Address: _____ Date of Occurrence: _____

NAME OF ESTABLISHMENT (INCLUDE MANAGEMENT COMPANY:)	NAME AND TITLE OF AGENT, REALTOR, BROKER:
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Address:	City/State/Zip:
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Tel/Fax #:	E-mail Address:
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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 (i.e. Disability)	<input type="checkbox"/> False Representation of Availability	<input type="checkbox"/> Retaliation, Harassment, Intimidation, Coercion
<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.

The submission of the OHR questionnaire constitutes the date of filing for statute of limitation purposes. A complete and submitted OHR questionnaire satisfies the requirements of 4 DCMR 705.4, 705.5

Please return this form by email to ohr.intake@dc.gov or 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
(please type full name)

*Date