



## OHR QUESTIONNAIRE-HOUSING/COMMERCIAL SPACE

**\*Required Fields**

### 1. COMPLAINANT

<b>*Today's Date:</b> _____	<b>*Name:</b> _____
<b>*Address:</b> _____	<b>*City/State/Zip:</b> _____
<b>E-mail:</b> _____	<b>*What is your language preference?</b> ___ English ___ Spanish ___ Amharic ___ Chinese ___ Vietnamese ___ Korean ___ Other (Please list) _____
<b>*Home Tel #:</b> _____	
<b>Work Tel #:</b> _____	

#### 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: \_\_\_\_\_

<b>NAME OF ESTABLISHMENT (INCLUDE MANAGEMENT COMPANY:)</b>	<b>NAME AND TITLE OF AGENT, REALTOR, BROKER:</b>
<b>Address:</b> _____	<b>City/State/Zip:</b> _____
<b>Tel/Fax #:</b> _____	<b>E-mail Address:</b> _____

### 3. ISSUE OF COMPLAINT

**\*What action was taken that made you feel you were treated differently?**

Refusal to rent/sell     Discriminatory advertising, statements and notices     Discriminatory Financing Terms

Failure to make an accommodation     False Representation of Availability     Retaliation, Harassment, Intimidation, Coercion  
 (i.e. Disability)     Discriminatory terms, conditions, services and facilities     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).**

Race	Sex	Age	Matriculation	Source of Income
Color	Disability	Sexual Orientation	Gender Identity or expression	Marital Status
National Origin	Religion	Personal Appearance	Political Affiliation	Place of Residence or Business
Homeless Status	Familial Status	Sealed Eviction Record	Status of a victim of an intra-family offense	

#### 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](mailto:ohr.intake@dc.gov) or 441 4<sup>th</sup> 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**