



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: _____

City: _____ State: _____ Zip: _____ County: _____

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.

C. _____

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. _____

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: _____

Mail or FAX to: Florida Commission on Human Relations
4075 Esplanade Way, Room 110
Tallahassee, Florida 32399-7020
Telephone (850) 488-7082
Facsimile (850) 487-1007