

## HOUSING INTAKE FORM

COMPLAINANT INFORMATION	RESPONDENT INFORMATION
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Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**Assigned Sex at Birth:**

Race: \_\_\_\_\_ Current Gender Identity: \_\_\_\_\_ Type of business: \_\_\_\_\_

YES  NO

**Disability:**  
Please describe:

Owner or CEO: \_\_\_\_\_

<b>For age discrimination complaints ONLY</b>
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Date of birth: \_\_\_\_\_

## **OTHER AGENCIES**

Has the Complainant filed with the PAHRC?  YES  NO

Has the Complainant filed with HUD?  YES  NO

Has the Complainant filed with Montgomery CCP?  YES  NO

With other agencies? Be specific \_\_\_\_\_

## **SETTLEMENT INFORMATION**

Does the Complainant currently Rent? \_\_\_\_\_ Own? \_\_\_\_\_

Current monthly rental: \$ \_\_\_\_\_ Utilities included? \_\_\_\_\_

Monthly Heat: \$ \_\_\_\_\_ Monthly electric: \$ \_\_\_\_\_

Monthly Water/sewage: \$ \_\_\_\_\_

What relief is the Complainant seeking (it must be related to this issue):

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What is the minimum that the Complainant is willing to accept (it must be related to this issue)?

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Is the Complainant still interested in obtaining the housing named in the complaint?  YES  NO

Is the Complainant currently employed?  YES  NO

Where? \_\_\_\_\_

Rate: \_

Is the Complainant receiving unemployment benefits?  YES  NO

Weekly rate of unemployment benefits: \$ \_

Did you complete an application? A lease? Authorized a credit report?

Did you pay an application fee? If so, how much?

Did you pay a security deposit? Is so, how much?

## GENERAL INTAKE QUESTIONS

## (Housing)

*(Applicable questions are to be answered by the Complainant to the best of his/her ability and recorded below. Complainant may use additional paper if needed)*

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated less favorably than those in a different protected class.
2. What housing accommodations were you seeking with the person/organization identified on the complaint form page?
3. Provide your reasons of your belief that the action taken against you was discrimination on the bases you stated earlier.

4. What reason was given to you for the action taken against you or for the treatment you received that you are complaining about?
5. Are the reasons for the action taken against you by the organization accurate?
6. Describe the organization's policy or usual practice(s) that govern the actions being complained about.

7. Has anyone else been treated the **same** as you were under similar circumstances? Please list them and identify by protected class (race, sex, age etc.). What happened to him or her?
8. Have other people been treated **differently** or more **favorably** under similar circumstances? Please list them and identify their protected class (race, sex, age etc.). What happened to him or her?
9. Exactly what harm occurred?

10. Who do you believe is responsible for the harm? Why? What is their bases if known (race, sex, age, religion, disability, etc.)?

11. What date did the harm happen? Is the harm continuing?

12. Do you have documentation of the alleged harm?

13. How did the Respondent know your bases (race, sex, age, religion, disability, etc.)?

14. If known, how many persons of your same protected class/bases (race, sex, age, religion, disability, etc.) are housed in the subject property?

## DIRECT EVIDENCE

4. Did you report these statements or actions to management? Who? Bases? When?

5. What was done?

## **ADDITIONAL QUESTIONS**

1. Is there anything else you wish to add?
2. Has there been any retaliation for opposing discriminatory practices?
3. Do you have any documents you wish to submit?

## **WITNESS INFORMATION**

*(Complainant should fill out a separate form for each witness.)*

For each witness please provide the following information:

1. Name / Title / Relationship to you /Contact information

## 2. What was the individual a witness to?

3. Was this person in a position to personally observe what occurred?

4. Would this person be able to provide the Commission with a statement?

YES | NO | DON'T KNOW

5. Is this witness a current employee/agent/tenant of the organization against which the charge is filed?

YES  NO