



# City of Spokane

## Housing Intake Questionnaire

### PLEASE NOTE, BEFORE YOU PROCEED:

The City of Spokane has no jurisdiction outside of the Spokane municipal boundaries, Native American tribes, the federal government, claims in which the unfair action took place outside of Washington, claims that do not state violations of housing practices and claims that violate state or federal law will be referred to the appropriate state or federal agency. The provisions of this chapter do not apply to the owner of a single-family house rented or leased by the owner if: (i) the owner does not own or have an interest in the proceeds of the rental or lease of more than one single-family house at one time; and (ii) the owner also occupies the single-family house rented or leased. Nothing in this Title 18 prohibits the denial of housing on the basis of reasonable, non-discriminatory factors, including, without limitation, rental history.

If your complaint meets the jurisdictional requirements, please complete the entire form.

Mail Form To:

City of Spokane  
Community, Housing & Human Services Department  
808 W. Spokane Falls Blvd.  
Spokane, WA 99201

Email Form To: [chhsinfo@spokanecity.org](mailto:chhsinfo@spokanecity.org)

Answer all questions as completely as possible. Limit attachments to only the requested information pertaining to your claim. You will have the opportunity to provide additional documentation if necessary at a later date.

### 1.) Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_ Apt. or Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_ Do you have a disability? Yes\_\_ No\_\_

What is your race? (*Check all that apply*)

\_\_\_\_ Hispanic \_\_\_\_ Caucasian \_\_\_\_ American Indian \_\_\_\_ Black \_\_\_\_ Native Hawaiian

\_\_\_\_ Latino \_\_\_\_ Alaskan Native \_\_\_\_ African-American \_\_\_\_ Pacific Islander



# City of Spokane

## Housing Intake Questionnaire

What is your National Origin (country of origin or ancestry)? \_\_\_\_\_

Do you currently qualify for refugee status as defined by USC § 1101 (a)(4), and SMC 18.01.030(v)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

I believe I was discriminated against by the following organization(s): (*Check all that apply*)

\_\_\_\_\_ Employer \_\_\_\_\_ Union \_\_\_\_\_ Employment Agency \_\_\_\_\_ Labor Organization

\_\_\_\_\_ Vocational, Professional, or Trade Schools \_\_\_\_\_ Apprenticeship & Occupational Training Programs

\_\_\_\_\_ Refugee Status

\_\_\_\_\_ Other (*Please specify*) \_\_\_\_\_

If we are unable to contact you, please provide a name of a person **who does not live with you** so we may contact them on your behalf;

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt. or Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### 2.) Housing Information

Agency/Landlord Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Rental Address \_\_\_\_\_

### 3.) Complaint Information

What is the reason for your claim of discrimination? (*Check all that apply*)

\_\_\_\_\_ Age \_\_\_\_\_ Creed/Religion \_\_\_\_\_ Gender \_\_\_\_\_ National Origin \_\_\_\_\_ Disability

\_\_\_\_\_ Sexual Orientation/Gender Identity \_\_\_\_\_ Race \_\_\_\_\_ Veteran Status \_\_\_\_\_ Marital Status



# City of Spokane

## Housing Intake Questionnaire

\_\_\_\_\_ Pregnancy \_\_\_\_\_ Retaliation \_\_\_\_\_ Refugee Status

If you checked Religion or National Origin or Refugee Status, please specify: \_\_\_\_\_

\_\_\_\_\_

What area of housing does your complaint pertain to? (*Check all that apply*)

\_\_\_\_\_ Housing Voucher(s) \_\_\_\_\_ Source of Income Discrimination

Please describe how you believe you were discriminated against.

Include the date(s) of harm, the action(s) and the names and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

Date: \_\_\_\_\_ Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title of Person(s) Responsible: \_\_\_\_\_

Date: \_\_\_\_\_ Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title of Person(s) Responsible: \_\_\_\_\_

Why do you believe these actions were discriminatory? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What reason(s) were you given for the acts you consider discriminatory? \_\_\_\_\_

\_\_\_\_\_

By whom? \_\_\_\_\_ Job Title: \_\_\_\_\_

Have you already filed a complaint in this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide name of agency and date of filing: \_\_\_\_\_

Results? (*if any*) \_\_\_\_\_



# City of Spokane

## Housing Intake Questionnaire

---

Have you sought help about this situation from anyone? \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide name of organization/person you have contacted for help and date of contact: \_\_\_\_\_

---

Results? (if any) \_\_\_\_\_

**Answer questions in section 4 only if you are claiming discrimination based on disability.  
If not, skip to the end of the questionnaire.**

### 4.) Discrimination Based on Disability

Are you disabled? (Check all that apply)

\_\_\_\_\_ Yes, I am a person with a disability.

\_\_\_\_\_ I am not a current person with a disability, but I was previously.

\_\_\_\_\_ No disability, but the organization believes I am a person with a disability.

What is the disability? \_\_\_\_\_

Does this disability limit you from doing anything? (Example: lifting, sleeping, breathing, walking, working...etc.) \_\_\_\_\_

Do you use medication, medical equipment or anything else to lessen or eliminate the symptoms of your disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the medications, medical equipment or other assistance you use: \_\_\_\_\_

---

***This is the end of the Intake Questionnaire. Please review all pages before submitting.***

I declare under penalty of perjury under the laws of the State of Washington that I have read the foregoing and that it is true and correct.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date