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

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
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)__________________________________________________________________________

Housing Intake Questionnaire Rev. 08/2017
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. It 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 of 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