



This section for office use only.	
Staff :	Date Drafted:

Housing Complaint Questionnaire

Please PRINT Clearly (**Note:** this is not an official complaint: completing a questionnaire is a preliminary step.)

If any of the words or questions are hard to understand, call the Office of Civil Rights, Equity and Inclusion for help: (509) 625-6729. When you are finished, please return this form.

COMPLAINANT INFORMATION

Name (First, Middle Initial, Last):	
Street Address:	
Mailing Address (if different):	
City/State/Zip:	
Home Phone:	Daytime Phone:
Email Address:	Mobile/Cellular telephone:
Best way to reach you (home phone/cell phone/email):	Best time to reach you:

Others-adult or child-Living With Complainant at the time of the alleged harm (list additional information on separate sheet)

Name (First AND Last):	Age at the Date of Alleged Harm:	Relationship to Complainant
1.		
2.		
3.		
4.		
5.		
6.		

Contact Person. Name, address, and phone number of a person who **does not live with you** but will know how to contact you.

Name:	
Address:	
City/State/Zip:	
Phone number:	Relationship to you:

HAVE YOU FILED A COMPLAINT WITH ANY OTHER AGENCY, OR HAVE YOU TAKEN ACTION IN A COURT OF LAW ABOUT THESE ALLEGATIONS?

- No, neither I nor anyone else has filed any complaint or taken any court action about these allegations
- Yes, a complaint/lawsuit was filed with _____ on _____

Attorney or advocate representing you in this matter, if any (you ALWAYS have the right to obtain legal advice, but attorneys are NOT required in this administrative process):

Address:

City/State/Zip:

Phone Number:

RESPONDENT INFORMATION List all of the following information about the party you are complaining against – such as Manager, Property Manager, Owner (if known), HOA/COA Board Members, Maintenance Staff, Public Housing Authority, etc.

Respondent #1 Name and Title:

Company Name:

Street Address:

City/State/Zip:

Phone Number:

Respondent #2 Name and Title:

Company Name:

Street Address:

City/State/Zip:

Phone Number:

Respondent #3 Name and Title:

Company Name:

Street Address:

City/State/Zip:

Phone Number:

Respondent #4 Name and Title:

Company Name:

Street Address:

City/State/Zip:

Phone Number:

1. I believe that I was discriminated against **because of the following protected class:**

- Race – my race is: _____
- Color – my color is: _____
- National Origin – my origin is: _____
- Creed / Religion – my creed is: _____
- Sex / Gender – my sex is: _____
- Sexual Harassment
- Families with Children Status / Pregnancy
- Marital Status – my marital status is: _____
- Sexual Orientation – my orientation is: _____
- Gender Identity – my identity is: _____

- Veteran/Military Status
- Disability – my disability is/disabilities are: _____
- Domestic Violence Victim
- Age – my age is: _____
- Refugee / Citizenship / Immigration Status - **The City does not collect information about immigration status – please do not indicate your immigration status.**

2. What kind of house or property was involved? (check the closest choice)

<input type="checkbox"/> A single family house	<input type="checkbox"/> A building for 5 families or more
<input type="checkbox"/> A house or building for 2, 3, or 4 families	<input type="checkbox"/> Housing Authority or other subsidy program
<input type="checkbox"/> A homeowner or condo owner association	<input type="checkbox"/> Other (includes vacant land held for residential use)
IF OTHER, PLEASE SPECIFY: _____	

3. If property is a house or building for 2, 3, or 4 families, does the owner live there? Yes No

4. Is the house or property being rented or sold? Rented Sold N/A

5. Details about the house or property:

Name of property (if applicable): _____
Street address of property: _____
City/State/Zip Code of property: _____
County where property is located: _____

6. Does the person you are complaining about own other property? Yes No Don't know

What kind?	How many units?
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7. Give dates and a brief description of any discriminatory actions taken against you within the last 1 year. Include the name and job title, if known, of the person(s) who took the actions(s). **Be sure to provide the most recent date of discrimination and describe what happened on that date.**

<p>Most recent date of harm: (required) _____</p>
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8. Why do you think this happened to you?

9. What reasons were you given for the action about which you are complaining?

10. Please name others who were treated **similarly** to you, under the **same** conditions:

11. Please name others who were treated **differently** than you were, under the **same** conditions.

12. Why do you think they were treated differently than you were?

13. Date you moved into the property (if applicable):

14. Date you moved out of the property (if applicable):

- **PLEASE SIGN AND DATE. RETURN THE QUESTIONNAIRE ONLY.**
- **SAVE ADDITIONAL DOCUMENTATION FOR THE INVESTIGATOR.**
- **THIS IS NOT THE OFFICIAL FILING OF A COMPLAINT, BUT A PRELIMINARY STEP.**

Signature _____ Date _____