

For Office Use Only
NAME OF INTERVIEWER
DATE OF INTERVIEW
ACTION TAKEN

PRE -COMPLAINT QUESTIONNAIRE – HOUSING

The information requested on this form will help us to help you.
There is no guarantee that the information submitted will constitute a basis for filing a formal complaint.
Please check or answer only those questions that apply.

PLEASE PRINT

DATE:

NAME (First)	(Middle)	(Last)	SEX	AGE
			<input type="checkbox"/> Female	<input type="checkbox"/> Male
ADDRESS (Number and Street)	(City)	(County)	(Zip Code)	
TELEPHONE NUMBER AND AREA CODES WORK ()	Ext.	DO YOU PREFER TO BE CONTACTED AT: <input type="checkbox"/> WORK <input type="checkbox"/> HOME		
HOME	PREFERRED TIME	PREFERRED DAYS		
NAME OF PERSON TO CONTACT IF YOU CANNOT BE REACHED		THEIR TELEPHONE NUMBER AND AREA CODE ()		

LIST THE NAMES AND TELEPHONE NUMBERS OF OTHER ADULTS WHO SOUGHT THE HOUSING WITH YOU:

NAME	HOME PHONE	WORK PHONE
()	()	()
()	()	()

LIST THE NAMES AND AGES OF CHILDREN WHO SOUGHT THE HOUSING WITH YOU:

NAME	AGE	NAME	AGE

1. I WISH TO COMPLAIN AGAINST:

(Check one or more of the following)

OWNER MANAGER DEVELOPER REALTOR REAL ESTATE AGENT LENDING INSTITUTION COMPANY/ CORPORATION

NAME	TITLE	TELEPHONE NUMBER ()
ADDRESS (Number and Street)	(City)	(County) (Zip Code)
OTHERS	TELEPHONE NUMBER ()	
ADDRESS (Number and Street)	(City)	(County) (Zip Code)

TYPE OF PROPERTY NUMBER OF UNITS AT LOCATION

SINGLE HOME APARTMENT OTHER (Specify) _____

NAME OF PROPERTY (If Applicable) _____

2. I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE OF MY:

(Check one or more)

RACE COLOR NATIONAL ORIGIN SEX DISABILITY CHILDREN

RELIGION _____ (Name of Religious Creed) OTHER _____ (Specify)

DISCRIMINATORY ACTION:

REFUSAL TO SHOW RENTAL/LEASE DENIED SALES/FINANCE DENIED EVICTION

OTHER _____ (Please Specify)

7. WHAT INFORMATION DO YOU HAVE TO INDICATE THAT YOU WERE TREATED DIFFERENTLY THAN OTHER TENANTS APPLICANTS?
(Use extra sheets of paper if necessary)

8. IF AN INVESTIGATION PROVES YOU WERE DISCRIMINATED AGAINST, WHAT REMEDY ARE YOU SEEKING?

9. OTHER ACTIONS

(Have you filed with:)
UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT Yes No ANY OTHER AGENCY OR GROUP? Yes No

(If "YES", give:) NAME TELEPHONE NUMBER
()
ADDRESS *(Number and Street)* *(City)* *(Zip Code)*

CONTACT PERSON WHAT HAS THIS PERSON DONE FOR YOU ON THIS PROBLEM?

Do you plan to take this matter to Court? Do you have an Attorney?
 YES NO UNDECIDED YES NO

NAME OF ATTORNEY TELEPHONE NUMBER
()
ADDRESS *(Number and Street)* *(City)* *(Zip Code)*

10. I LEARNED ABOUT THE LEE COUNTY OFFICE OF EQUAL OPPORTUNITY FROM:

(Be Specific)

11. PERSONAL DATA

(Your Ethnic Group)
 BLACK HISPANIC FILIPINO AMERICAN ANGLO/
 INDIAN ASIAN CAUCASIAN OTHER _____
(Please Specify)

EMPLOYED BY JOB TITLE

LENGTH OF TIME WITH EMPLOYER MONTHLY INCOME \$ _____ OTHER INCOME \$ _____

(Do Not Write In This Area)
INTERVIEWER'S NOTES

Complainant's Assertions:

What does complainant say will be the respondent's position?

Comparative Data/Relevant Information:

Complainant Taken: Yes _____ No _____

If taken, additional remedy information:

If not taken, rationale:

Complainant advised of Statute of Limitations? Yes _____ No _____

Of other agencies? Yes _____ No _____