



HOUSING DISCRIMINATION INTAKE QUESTIONNAIRE
LINCOLN COMMISSION ON HUMAN RIGHTS
440 South 8th Street, Suite 101
Lincoln, NE 68508

PLEASE PRINT

Name: (First, Middle, Last)		Date of Birth:	Age:	
Address: (Number and Street)	Apt No:	City:	State:	Zip Code:
Telephone Numbers and Area Codes:		Email Address:		
<u>Home:</u>				
Work:	Ext:	Preferred Time:	Preferred Days:	
Name of Person to Contact If you Cannot be Reached:			Telephone Number:	

LIST THE NAMES AND PHONE NUMBERS OF OTHER ADULTS WHO ALSO SOUGHT THE HOUSING WITH COMPLAINANT:

NAME	DATE OF BIRTH	HOME PHONE	WORK PHONE

LIST THE NAME AND AGES OF CHILDREN UNDER AGE 18 WHO ALSO SOUGHT THE HOUSING WITH COMPLAINANT:

NAME	DATE OF BIRTH	HOME PHONE	WORK PHONE

1. RESPONDENT INFORMATION: (Check one or more of the following)

<input type="checkbox"/> Owner	<input type="checkbox"/> Manager	<input type="checkbox"/> Developer	<input type="checkbox"/> Management Company
<input type="checkbox"/> Real Estate Agent/Broker	<input type="checkbox"/> Lending Institution	<input type="checkbox"/> Other (Specify)	
Name:		Title:	Telephone Number:
Address: (Number and Street)		City:	State: Zip Code:
Other:		Telephone Number:	
Type of Property:			Number of Units at Location:
<input type="checkbox"/> Single Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Other (Specify)	
Name of Property:			
Address: (Number and Street)		City:	State: Zip Code:

2. WHAT WERE YOU TOLD ABOUT THE UNIT/DWELLING?

Number of Rooms/Bedrooms:	Rent Per Month:	Length of Lease:
Deposit Required:	Must You Complete an Application?	Furnished/Unfurnished:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Children Allowed?	Other:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. BASIS OF DISCRIMINATION: (CHECK ONE OR MORE OF THE FOLLOWING)

<input type="checkbox"/> Race: (Specify) _____	<input type="checkbox"/> Color: (Specify) _____	<input type="checkbox"/> National Origin/Ancestry: (Specify)
<input type="checkbox"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Marital Status: (Specify) _____	<input type="checkbox"/> Religion: (Specify)
<input type="checkbox"/> Disability: (Specify) _____	<input type="checkbox"/> Familial Status: <input type="checkbox"/> Children Under Age 18	<input type="checkbox"/> Pregnant <input type="checkbox"/> Securing Custody of Children Under Age 18

Type of Discriminatory Action:	For Disability Complaints:
<input type="checkbox"/> Refusal to Show (Falsely denying availability)	<input type="checkbox"/> Refusal to Make Reasonable Accommodation
<input type="checkbox"/> Refusal to Sell	<input type="checkbox"/> Refusal to Permit Modification
<input type="checkbox"/> Terms or Conditions of Sale	<input type="checkbox"/> Accessibility
<input type="checkbox"/> Discrimination in Financing	<input type="checkbox"/> Other: (Specify)
<input type="checkbox"/> Retaliation	
<input type="checkbox"/> Refusal to Rent	
<input type="checkbox"/> Terms or Conditions of Rental	
<input type="checkbox"/> Discriminatory Advertising	

4. HOW YOU FEEL YOU HAVE BEEN AFFECTED BY THE ALLEGED DISCRIMINATORY ACT(S)?

<input type="checkbox"/> Lost Housing Opportunity: (Explain)
<input type="checkbox"/> Out of Pocket Expenses: (Explain)
<input type="checkbox"/> Emotional Distress: (Explain)
<input type="checkbox"/> Other: (Explain)

5. IF REFUSED TO SHOW, RENTAL/LEASE DENIED, OR SALES/FINANCE DENIED, COMPLETE NUMBER 4

How Did You First Know of the Vacancy?	
<input type="checkbox"/> Newspaper (Please specify and enclose copy of advertisement if possible) _____	Date: _____
<input type="checkbox"/> Posted Sign	<input type="checkbox"/> Rental Agency (Please specify)
<input type="checkbox"/> Tenant	<input type="checkbox"/> Friend
<input type="checkbox"/> Other (Specify)	
Application Completed?	If No, Give Reason:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Applied:	Date Denied:
Reason Given for Denial:	
Name of Person Who Made Denial:	Title:
Contract/Lease Signed?	If Yes, Specify Type: (Enclose copy if possible)
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Currently Want the Housing in Question? <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. IF EVICTED, COMPLETE NUMBER 5: (Enclose copies of notices if possible)

Date of Initial Notice:	Date Required to Vacate:	Have You Been Served a Notice of Unlawful Detainer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Notice:	Court Date:
What Were You Told Was the Reason(s) For Eviction?				
Why Do You Think the Reason(s) Are False?				

7. DO YOU KNOW OF OTHERS WHO HAVE BEEN TREATED THE SAME? YES NO IF YES, LIST BELOW

NAME	HOME TELEPHONE	WORK TELEPHONE

8. LIST THE NAMES & PHONE NUMBERS OF WITNESSES YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT

NAME	HOME TELEPHONE	WORK TELEPHONE

9. WHAT INFORMATION DO YOU HAVE INDICATING DIFFERENT TREATMENT? (PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)

Date Violation Occurred:

10. DESCRIBE THE EXPENSES YOU HAVE INCURRED AS A RESULT OF WHAT HAPPENED:

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

12. OTHER ACTIONS:

Have You Filed with the United States Department of Housing and Urban Development? Yes No With Any Other Agency or Group? Yes No

If Yes, Give Name: _____ Telephone Number: _____

Address: (Number and Street) _____ City: _____ Zip Code: _____

Name of Person who Assisted You: _____

What Has This Person Done For You on This Problem? _____

Do You Plan to Take This Matter to Court? Yes No Undecided Does You Have an Attorney? Yes No

Name of Attorney: _____ Telephone Number: _____

Address: (Number and Street) _____ City: _____ Zip Code: _____

13. YOU LEARNED ABOUT/WAS REFERRED TO THE LINCOLN COMMISSION ON HUMAN RIGHTS BY: