



**HOUSING DISCRIMINATION INTAKE QUESTIONNAIRE**  
**LINCOLN COMMISSION ON HUMAN RIGHTS**  
 555 South 10<sup>th</sup> Street, Suite 304  
 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

**HOUSING PROVIDER 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:

**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		

**BASIS OF DISCRIMINATION: See [What is Discrimination?](#) for the protected classes**

On what basis or bases do you believe were you treated differently than other tenants or, if loan, other loan applicants? For Familial Status also include if: Children Under 18, Pregnant and/or Security Custody of Children Under Age 18 (Example-- Bases: Race, Sex and Familial Status - African American female with a child under age 18.)

**What is the issue(s)?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Refusal to Show (Falsely denying availability) | <input type="checkbox"/> Retaliation (for complaining about or assisting in complaint of discrimination) |   |
| <input type="checkbox"/> Refusal to Sell                                | <input type="checkbox"/> Refusal to Rent   | <b>For Disability Complaints:</b>                                 |
| <input type="checkbox"/> Terms or Conditions of Sale                    | <input type="checkbox"/> Terms or Conditions of Rental   | <input type="checkbox"/> Refusal to Make Reasonable Accommodation |
| <input type="checkbox"/> Discrimination in Financing                    | <input type="checkbox"/> Discriminatory Advertising  | <input type="checkbox"/> Refusal to Permit Modification           |
|   | <input type="checkbox"/> Other: (Specify) _____  | <input type="checkbox"/> Accessibility                            |

**HOW DO YOU FEEL YOU HAVE BEEN AFFECTED BY THE ALLEGED DISCRIMINATORY ACT(S)?  
(If refused to show, rental/lease denied, or sales/finance denied, please complete this question)**

- Lost Housing Opportunity: (Explain)
- Out of Pocket Expenses: (Explain)
- Emotional Distress: (Explain)
- Other: (Explain)

**ABOUT THE PROPERTY**

**How Did You First Know of the Vacancy?**

- Newspaper (Please specify and enclose copy of advertisement if possible) \_\_\_\_\_ Date:
- Posted Sign  Rental Agency (Please specify)
- Tenant  Friend  Other (Specify)

Application Completed?  Yes  No If No, Give Reason: \_\_\_\_\_

Date Applied: \_\_\_\_\_ Date Denied: \_\_\_\_\_

Reason Given for Denial: \_\_\_\_\_

Name of Person Who Made Denial: \_\_\_\_\_ Title: \_\_\_\_\_

Contract/Lease Signed?  Yes  No (If yes, please provide a copy.) If Yes, Specify Type: (Enclose copy if possible)

Do You Currently Want the Housing in Question?  Yes  No

**IF EVICTED** (Enclose copies of notices if possible)

Date of Initial Notice: \_\_\_\_\_ Date Required to Vacate: \_\_\_\_\_ Have You Been Served a Notice of Unlawful Detainer?  Yes  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?

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

NAME	HOME TELEPHONE	WORK TELEPHONE
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**LIST THE NAMES & PHONE NUMBERS OF WITNESSES YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT**

NAME	HOME TELEPHONE	WORK TELEPHONE
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**WHAT INFORMATION DO YOU HAVE INDICATING DIFFERENT TREATMENT?** (Please attached additional sheets if necessary.)

Date Violation Occurred:

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

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

**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:

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