



King County

Fair Housing Intake Questionnaire

Office of Civil Rights

If you complete and return this form, you have not filed a formal complaint. OCR staff will review your form, then contact you to finalize the process.

Name of Person Filing Complaint _____

Address _____

Phones: Home _____ Work _____

Cell _____ Message _____

E-mail: _____

How did you hear about OCR?

Name of a friend or relative we can contact if we cannot contact or locate you

Name _____

Address _____

Phone(s) _____

Name and address of the housing involved in this complaint?

Type of housing: single family home multi-family condominium homeowner association

other _____

Date you became aware of the discrimination: _____

Most recent date of discrimination: _____

Is the discrimination continuing? _____

Who are you filing this complaint against?

List all people and companies, and as much contact information as you can. Explain who's who (landlord, management company, resident manager, condo board member, etc.)

#1 Name	
Job Title	
Address	<hr/> <hr/> <hr/>
Phones	
E-mail	
#2 Name	
Job Title	
Address	<hr/> <hr/> <hr/>
Phones	
E-mail	
#3 Name	
Job Title	
Address	<hr/> <hr/> <hr/>
Phones	
E-mail	
#4 Name	
Role	
Address	<hr/> <hr/> <hr/>
Phones	
E-mail	

If you are represented by an attorney, please provide contact information:

Name: _____

Address _____

Phones(s) _____

Email _____

The discrimination was because of my protected class: (Check all that apply)

	Race (specify): AmInd/AlaskaNative Asian Black/AA NativeHawaiian/PacIslander White
	Color (specify):
	Gender (circle) Male Female
	National Origin (which country):
	Ancestry (which country):
	Disability (specify):
	Use of a Service/Assistive Animal
	Age (give birthdate):
	Religion
	Sexual Orientation – Gender identity?
	Participate in Section 8 Program
	Parental Status (children under 18 in the household)
	Marital Status: Married Separated Divorced Engaged Widowed Single Cohabiting

What action(s) were taken against you? (check all that apply)

	Discriminatory advertising, application form, or statements
	Refused to show or let me inspect housing
	Told me rental was not available when it actually was available
	Refused to rent, sell or deal with me
	Treated me differently in rental or deposit amounts
	Discriminated in other terms or conditions of rent, sale, or occupancy
	Refused to provide reasonable accommodation or modification for disabled person
	Evicted me or is threatening eviction
	Retaliation after I made a formal / informal discrimination complaint or testified in an investigation
	Other – give details in next section below

Briefly describe what action(s) were taken against you.

Please include specific dates and explain why you believe that the negative actions are related to your protected class.

(use additional pages if necessary)

If the alleged discrimination has had a negative effect on others in your household, please list their names, ages, and relationship to you:

After the investigation begins, you may be asked to provide a list of witnesses and how to contact them. The types of witnesses with the most useful information are:

- People who were observers of the actions you described above. This includes anyone besides the Respondents who saw or overheard the actions. For example, a neighbor who saw an incident occur, or another tenant who heard a manager say something.
- People who are "similarly situated" who were treated the same way you were treated. For example, a resident who was also evicted, or a neighboring tenant who also received a 10-day notice for a similar violation.
- People who are "similarly situated" who were not treated the same way you were treated. For example, a tenant born in the U.S. who received housing repairs while you (born in another country) did not get the repairs, or another tenant who is not your religion who paid rent late without fees, while you were charged fees for late rent.

I verify that this statement is true to the best of my knowledge.

Signature _____ **Date** _____

Please return your signed Intake Questionnaire to

King County Office of Civil Rights
401 Fifth Avenue, Suite 215
Seattle, WA 98104-1818

If you have questions about this Intake Questionnaire, contact OCR at 206-263-2446,
TTY Relay: 711, or e-mail Civil-Rights.OCR@kingcounty.gov.

**We provide reasonable accommodations for people with disabilities.
We provide foreign language interpreters when needed.
AVAILABLE IN ALTERNATE FORMATS**