

# REAL PROPERTY DISCRIMINATION QUESTIONNAIRE

## 7. PROPERTY INVOLVED IN YOUR COMPLAINT

Name of person involved \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Street / Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of property owner (or the person or company to whom you pay rent, if you don't know the owner) \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location of property \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person involved is the:  owner  manager  caretaker  real estate agent  banker  mortgage holder

Does the owner live in the building?  Yes  No  Don't know

Type of property involved:  apartment  duplex  fourplex  single family home  other \_\_\_\_\_

Do you have an attorney?  Yes  No If yes, name of attorney \_\_\_\_\_

Attorney's address \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Have you filed with any of the following agencies?  Yes  No If yes: Date \_\_\_ / \_\_\_ / \_\_\_ Charge # \_\_\_\_\_

HUD  State Department of Human Rights  Other \_\_\_\_\_

## 2a. TYPE OF PROBLEM INVOLVED IN THIS COMPLAINT – check those categories that apply

Denied rental. Application date \_\_\_ / \_\_\_ / \_\_\_ Date denied \_\_\_ / \_\_\_ / \_\_\_ Reason given \_\_\_\_\_

How was the unit advertised? \_\_\_\_\_

When available? \_\_\_\_\_ Type of building \_\_\_\_\_

Amount of rent \$ \_\_\_\_\_ Amount of deposit \$ \_\_\_\_\_

Harassment. Describe and give dates: \_\_\_\_\_

Date moved in \_\_\_ / \_\_\_ / \_\_\_

Date moved out \_\_\_ / \_\_\_ / \_\_\_

- Eviction. Date notified \_\_\_ / \_\_\_ / \_\_\_                      Date effective \_\_\_ / \_\_\_ / \_\_\_  
Date moved in \_\_\_ / \_\_\_ / \_\_\_                                      Date moved out \_\_\_ / \_\_\_ / \_\_\_
  
  - Refusal to show or sell a home. Listed by \_\_\_\_\_ Date refused \_\_\_ / \_\_\_ / \_\_\_
  
  - Denied a mortgage or loan. Date applied \_\_\_ / \_\_\_ / \_\_\_                                      Date denied \_\_\_ / \_\_\_ / \_\_\_
  
  - Other unfair treatment. Describe and give dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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