

# HOUSING/COMMERCIAL SPACE COMPLAINT FORM

Information required therein will assist OHR staff to determine the nature and extent of discrimination as defined by the Federal Fair Housing Act (Title VIII) and/or D.C. Human Rights Act of 1977 (Title VI). Please complete the following form in its entirety and to the best of your knowledge. This form is subject to review and acceptance by the Office of Human Rights.

*Notice of Non-Discrimination*

*In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code Section §§2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination which is prohibited by the Act. In addition, harassment based on any of the above protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.*

**Do you require any special needs for completing this application? If yes, what type of assistance do you require?**

**Which primary language do you speak?**  English  Spanish  Chinese  Vietnamese  Korean  
 Amharic  Other \_\_\_\_\_.

Please provide the following information:

<b>COMPLAINANT</b>		
Date:	OHR Docket No.:	HUD Case No:
Name:		
Address:		
City/State/Zip		
Tel # (H)	Tel # (W)	
Sex: _____	Race: _____	Ethnicity: _____
Social Security No.: _____		Date of Birth: _____
No. of persons in household: _____	Household's monthly income: _____	
Is your rent or mortgage payment current and paid in full? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>CONTACT PERSON IF YOU CAN NOT BE REACHED:</b>	
Name: _____	
Address: _____	
City/State/Zip _____	
Tel # (H) _____	Tel # (W) _____
Alternate Number: _____	
<b>HOW WERE YOU REFERRED TO THE OHR?</b>	
<input type="checkbox"/> Agency/Organization: _____	<input type="checkbox"/> Friend/Co-worker
<input type="checkbox"/> HUD _____	<input type="checkbox"/> Newspaper article
<input type="checkbox"/> Pamphlets/Brochures published by _____	<input type="checkbox"/> Telephone Book
<input type="checkbox"/> TV/Radio Announcements (TV/Radio Station): _____	
If you have an <b>Attorney</b> , please provide the following information:	
Name: _____ Telephone: _____ Fax: _____	
Address: _____	
Will this attorney be representing you in this matter or complaint? (If so, all communications from the OHR will be through the attorney representing you.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have retained an attorney, what legal fees have you incurred relating to the alleged discrimination? \$ _____.	
<b>RESPONDENT</b>	
<b>THE PERSON THAT DISCRIMINATED AGAINST YOU WAS THE:</b>	
<input type="checkbox"/> Owner <input type="checkbox"/> Property Manager <input type="checkbox"/> Leasing Agent <input type="checkbox"/> Maintenance Person <input type="checkbox"/> Other	
<b>PLACE WHERE DISCRIMINATION OCCURRED:</b>	
<input type="checkbox"/> Single Family Home/Duplex <input type="checkbox"/> Apartment Complex <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative	
Property Address: _____	
NAME OF ESTABLISHMENT (INCLUDE MANAGEMENT COMPANY): _____	
NAME AND TITLE OF AGENT, REALTOR, BROKER: _____	
Address: _____	
City/State/Zip: _____	
Telephone Number: _____	Fax Number: _____

### BASIS OF COMPLAINT

The Basis would be the reason you were treated differently than others outside of your protected class which is covered under the D.C. Human Rights Act of 1977 as follows:

#### 1. Do you feel you were discriminated against because of your: (Please Y appropriate box and provide detail if necessary.)

- |  |  |
|--|--|
| <input type="checkbox"/> Race _____                            | <input type="checkbox"/> Sex _____                                 |
| <input type="checkbox"/> Color _____                           | <input type="checkbox"/> Age _____                                 |
| <input type="checkbox"/> National Origin _____                 | <input type="checkbox"/> Religion _____                            |
| <input type="checkbox"/> Familial Status (# of children) _____ | <input type="checkbox"/> Family Responsibilities _____             |
| <input type="checkbox"/> Disability _____                      | <input type="checkbox"/> Genetic Information _____                 |
| <input type="checkbox"/> Sexual Orientation _____              | <input type="checkbox"/> Gender Identification or Expression _____ |
| <input type="checkbox"/> Matriculation _____                   | <input type="checkbox"/> Marital Status _____                      |
| <input type="checkbox"/> Personal Appearance _____             | <input type="checkbox"/> Political Affiliation _____               |
| <input type="checkbox"/> Place of Residence or Business _____  | <input type="checkbox"/> Source of Income _____                    |

### ISSUE OF COMPLAINT

#### 2. What action was taken that made you feel you were treated differently:

- |   |  |
|---|--|
| <input type="checkbox"/> Discriminatory Refusal to Sell   | <input type="checkbox"/> Discriminatory Refusal to Rent                  |
| <input type="checkbox"/> False Representation of Availability                                     | <input type="checkbox"/> Failure to make an accommodation                |
| <input type="checkbox"/> Discriminatory Refusal to Negotiate                                      | <input type="checkbox"/> Retaliation, Harassment, Intimidation, Coercion |
| <input type="checkbox"/> Discriminatory Advertising, statements & notices                         | <input type="checkbox"/> Steering  |
| <input type="checkbox"/> Discriminatory financing (includes real estate transactions)             | <input type="checkbox"/> Redlining                                       |
| <input type="checkbox"/> Discriminatory brokerage service   | <input type="checkbox"/> Failure to comply with Poster Reg.              |
| <input type="checkbox"/> Failure to comply with advertising guidelines                            | <input type="checkbox"/> Zoning and Land Use                             |
| <input type="checkbox"/> Discriminatory terms, conditions, privileges, or services and facilities | <input type="checkbox"/> Non-Compliance with Design and Construction     |
| <input type="checkbox"/> Other _____  |  |

#### 3. Were you seeking to:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Rent                   | <input type="checkbox"/> Purchase a home/condo/townhouse/single family home |  |
| <input type="checkbox"/> Obtain a mortgage loan | <input type="checkbox"/> Obtain homeowners/rental insurance                 | <input type="checkbox"/> Rent Commercial Space |
| <input type="checkbox"/> Other (specify) _____  |   |  |

**4. Credit rating :**

Excellent                       Good                       Fair                       Poor

**Did the Respondent require a credit check in order to conduct the transaction:**

Yes                       No                       Requested other information regarding credit rating.

**5. If seeking to rent or currently renting:**

Rental Rate: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Date applied for: \_\_\_\_\_ Amount of subsidy, If any: \_\_\_\_\_

Deposit requirements/credit check: \_\_\_\_\_

Were you denied, if so reason for denial? \_\_\_\_\_

Did the leasing agent discuss a waiting list? \_\_\_\_\_

Is rent current and paid in full? \_\_\_\_\_

Do you have any known lease infractions? \_\_\_\_\_ If so explain \_\_\_\_\_

Was an eviction notice served in writing or was it verbalized? \_\_\_\_\_

**6. If seeking to purchase:**

Earnest deposit/Under Contract: \_\_\_\_\_

Address of property: \_\_\_\_\_

Did the agent recommend other homes/neighborhoods? If so please provide names/addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was pre-qualification required: \_\_\_\_\_

List Price of home(s): \_\_\_\_\_

\_\_\_\_\_

**7a. If seeking to obtain financing:**

Was a credit check required: \_\_\_\_\_

Did loan officer recommend a loan product:  FHA  Conventional  VA  Other

Did loan officer discuss interest rates, points, closing costs etc., \_\_\_\_\_

Were you provided with a good faith estimate? \_\_\_\_\_

Did the loan officer return phone calls, keep appointments or refer you to another loan officer?

\_\_\_\_\_

What documents were required to process the loan (e.g. W-2, check stubs, bank statements etc.)?

\_\_\_\_\_

Did the loan officer make any discouraging comments in reference to the loan type or neighborhood in which the loan would be made?

**7b. If you already have financing, answer the following:**

When did you close on the property? \_\_\_\_\_

Type of Loan:  FHA  Conventional  VA  Other

Do you have a copy of loan documents?  Yes  No

Is the mortgage payment current? If no, please explain.  Yes  No

**8. If seeking to obtain insurance:**

Rental  Homeowners Insurance

What type of insurance product was offered?  Preferred  Standard  Fire Protection

Did the agent provide you with a written or verbal quote, if so what was the \$ amount? \_\_\_\_\_

Did agent request or require a credit check before issuing or providing information regarding the policy?

Did the agent make comments concerning the neighborhood in which the insurance would be provided?

Have you filed any claims in the past 3 years, if so what were the nature of the claims?

**9. When did the discriminatory act(s) occur? (Include each separate occurrence)**

Date

Explanation

_____	_____
_____	_____
_____	_____
_____	_____

**10. Have you attempted to resolve this matter with a representative of the establishment?**

Yes

No

If so, please provide the names, position, and title of the individuals (s) you spoke with and describe the results.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. List witnesses whom you feel can corroborate your experience and provide evidence in your support.**

Name

Telephone #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**12. What remedy are you seeking through the Office of Human Rights?**

**13. Did you incur other expenses directly related to your complaint?**  Yes  No

**If the Respondent's actions caused you to take time off from work, e.g., to look for alternate housing, seek medical attention or to file your fair housing complaint, please answer the following:**

Please list the dates you were off from work, and the hours you were off on each date.

Have the Respondent's actions inconvenienced you in any way? If so, please explain.

Were you **HARMED** by this incident: emotionally; mentally; physically and/or economically? (please explain how you were affected).

Were you required to move to another unit because of Respondent's actions?  Yes  No  
If yes, what date did you move and what was the cost related to the move?

Did your rent increase?  Yes  No If yes, how much? Amount increased to: \$ \_\_\_\_\_

**As the complainant, you should retain the original receipts for all out-of-pocket expenses related to the discriminatory action in a safe place. If you do not have receipts but can obtain copies or other proof of expenses, you should do so.**





The D.C. Office of Human Rights (OHR) provides mediation. The Mediation is a process in which an acceptable, impartial, third party attempts to assist disputing parties toward a mutual settlement. One mediator or more (co-mediators) are assigned to each case as a neutral third party to assist disputants in reaching a mutually acceptable resolution to their problem(s). The mediation process is mandatory and disputing parties design solutions to their own problems. Mediation is confidential.

**Please Note:** In the event the Investigation reveals that your complaint should be dismissed you will receive a letter explaining the reasons for dismissal. Applicable regulations also require the OHR to send a copy of the dismissal notice to the Respondent.

\_\_\_\_\_  
COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
DATE

**14. FOR OFFICE USE ONLY (Jurisdiction)**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Did the alleged violation occur in the District of Columbia?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did the alleged violation occur within the last 365 days?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the Complainant have standing to file under Title VIII or under The HR Act?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the property in question exempt under the Act?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is this a federally funded property?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has the Complainant commenced any other action; (civil, criminal, or administrative) in any other forum or agency based on the same unlawful discriminatory practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |