pennsylvania
HUMAN RELATIONS COMMISSION

PENNSYLVANIA HUMAN RELATIONS COMMISSION
HOUSING DISCRIMINATION QUESTIONNAIRE

1. YOUR CONTACT INFORMATION

Name _____

Address _____
Street Apt.

_____
City State Zip Code

Phone Number: (H) _____ (Cell) _____

(W) _____ May we call you at work? ☐ Yes ☐ No

E-mail address: _____

Name, address and phone number of a person, who does **NOT** live with you and will know how to contact you:

Name _____ Phone Number _____

Address _____
Street Apt.

_____
City State Zip Code

E-mail address: _____

2. AGAINST WHAT BUSINESS,* ORGANIZATION OR PERSON DO YOU WANT TO FILE YOUR COMPLAINT?

Name _____

Address in PA _____ PA _____
Street City State Zip Code

Phone Number _____ E-mail address _____

Type of business _____
(*For example, realtor, property management company, landlord, etc.)

The Pennsylvania county where you were harmed: _____

3. NUMBER OF UNITS OWNED OR MANAGED BY THE ABOVE (if applicable).

☐ **fewer than 4** ☐ **4 to 15** ☐ **15 to 20** ☐ **20 or more**

4. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU. (SEE THE ATTACHED BROCHURE FOR MORE INFORMATION ABOUT THE COMMISSION). * Check all that apply.

Write the date(s) you were harmed beside the discriminatory event or action:

☐ Denied rental _____ ☐ Eviction _____ ☐ Denied sale _____

☐ Denied financing _____ ☐ Different/unequal treatment _____

☐ Harassment _____

☐ Denied reasonable accommodation for a disability _____

☐ Denied reasonable modification for a disability _____

OTHER, please be specific**:** _____

***PLEASE ATTACH COPIES OF ANY DOCUMENTS SUCH AS A LEASE, RENTAL AGREEMENT, APPLICATION, LETTER, RECEIPT, NEWSPAPER AD, ETC. TO BACK UP WHAT YOU ARE SAYING.**

5. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, age, sex, national origin, familial status, disability or the use, handling or training of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you feel you were treated differently because of your age and sex, please check both age and sex. **Only check those reasons which explain why you were harmed**. Also, please identify your race, color, religion, national origin or ancestry, **if** you were discriminated against based on those factors.

☐ Male ☐ Female ☐ Pregnant

☐ Age (40 or older only): Date of Birth _____

☐ Race _____ ☐ Color _____

☐ Religion _____ ☐ Ancestry _____

☐ National Origin (country in which you were born) _____

☐ Association with a person of a different race than your own:

Your race _____ the other person's race _____

☐ Familial status (having a child, or children under age 18 housed by parent or legal guardian; or pregnant)

Name(s) & age(s) of child(ren): _____

☐ Use of a guide or support animal for disability (please complete #7)

☐ Handling or training of a support animal for disability (please complete #7)

☐ Other _____

☐ I have a disability. (please complete #7) ☐ The manager, etc. treats me as if I am disabled.

☐ I had a disability in the past. (please complete #7)

☐ I have a relationship or association with someone who has a disability. (please complete #7)

☐ **RETALIATION***

If you believe you were **harmed** because you complained about what you believed to be unlawful discrimination, because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.

Date you filed a complaint with the PA Human Relations Commission _____

If you filed a complaint with another agency, list the agency's name and date of filing:

_____

Date you complained about discrimination _____

Date you assisted someone in complaining about discrimination _____

6. STATE THE REASONS THE PROPERTY MANAGER, OWNER, ETC. GAVE FOR THE ACTIONS THAT HARMED YOU. _____

_____

_____

Who told you about the reasoning for the action? Include his or her position.

_____

When were you told about the action taken against you? _____

Date(s)

If you were given no reason, please check here. ☐

Regarding how you were harmed, please identify a person or persons who were treated better than you. *For example, as a hispanic person inquiring about an apartment, you were told it was unavailable, but the apartment was rented the same day to a white, non-hispanic person.*

Name of other person - First and Last (if known)

_____

How is this person different from you? For example, what is his or her race, age, religion, etc.?

_____

Please explain **exactly** how this person was treated better or differently than you. Include dates.

_____

_____

_____

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, *etc.* which can be investigated, and which directly relates to why you were treated differently than someone else. _____

_____

_____

7. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #5 ABOVE, ANSWER THE FOLLOWING QUESTIONS.

What is your disability? _____

How long have you had this disability and when did it start? _____

Do you still have this disability? ☐ yes ☐ no

If yes, how much longer do you expect to have the disability? _____

What major life activities do **you have great difficulty performing** because of your disability (Check all that apply.)

☐ Seeing ☐ Hearing ☐ Bending ☐ Walking ☐ Lifting ☐ Stooping ☐ Turning

☐ Climbing ☐ Running ☐ Talking ☐ Standing for long periods

☐ Sitting for long periods ☐ Caring for yourself ☐ Thinking ☐ Concentrating

☐ Relating to Others

Other Major Life Activities (**Be specific**) _____

If you have had a disability in the past, when did it start, and what date did it end? _____

If your lanlord, property manager, etc. treats you as if you are disabled: What disability do they think or believe you have? _____

Who are the people that are treating you as disabled (names and positions)?

_____

Why do you think that these people think or believe you have a disability?

_____

How did your landlord, manager, etc. learn about your disability? _____

On what date did they learn about your disability? _____

Which specific manager/official/agent) learned about your disability?

_____

If you are related to someone who has a disability, what is your relationship to this person?

_____

What is this person's disability? _____

How and on what date did the landlord, manager, etc. learn about this person's disability?

_____

Did you ask for an accommodation, modification or assistance? ☐ yes ☐ no

IF YES,

(1) To whom did you make your request? _____

(2) On what date was the request made? _____

(3) Please explain what the accommodation/modification was that you requested, and why. _____

_____

Did the landlord, manager, etc. provide requested accommodation or modification? ☐ yes ☐ no

If so, on what date? _____

Did he or she provide some other accommodation or assistance instead? ☐ yes ☐ no

If yes, please explain. _____

_____

Did the landlord, manager, etc. deny your request for an accommodation or modification?

☐ yes ☐ no

if so, who denied your request? _____

What date was the request denied? _____

What reason was given to you for the denial? _____

_____

_____

8. **IF YOU CHECKED THAT YOU WERE HARASSED UNDER #4, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE**.

Name the person(s) who harassed you: _____

His or her position or relationship to the landlord, manager, etc. _____

When were you harassed: Starting date _____ Ending date _____

Is the harassment still continuing? ☐ yes ☐ no

How often did the harassment occur? As well as possible, please indicate **date, month and year** of each incident and how often the harassing actions occurred.

☐ One time only _____ ☐ Once a day _____

☐ Several times daily _____

_____

☐ multiple times/week _____

☐ multiple times/month _____

Please provide two or three examples of the harassment you experienced.

_____

_____

_____

Did you consider any of the above acts of harassment to be especially severe and/or offensive?

☐ Yes ☐ No If so, please explain why. _____

_____

_____

Did the harassment have a negative or harmful effect on you or your health? If so, please explain:

_____

_____

_____

Did you complain to anyone about the harassment? ☐ Yes ☐ No

To whom did you complain? _____

_____

Name Position or Relationship to Landlord, etc.

What date did you complain? _____

Did the harassment stop after you complained about it? ☐ Yes ☐ No

If it ended, on what date did it stop?

After you complained, were any other actions taken against you? (for example – eviction, denied service etc.) ☐ Yes ☐ No

What were the actions? _____

On what dates did they occur? _____

Who took the action against you? _____

Did this person know that you complained about the harassment? ☐ Yes ☐ No

9. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOU OR ANYONE ELSE). IF SO, PLEASE SPECIFY THE COURT AND THE DATE FILED, TO THE BEST OF YOUR MEMORY.

☐ Yes ☐ No _____

Court City County State Date filed

10. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed _____

_____

Date of filing Inquiry or Complaint number

11. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE YOUR ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT.)

YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.

☐ *I hereby verify that the statements contained in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.*

Signature _____

Date _____

IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES TO TELL US WHAT HAPPENED TO YOU.

_____

_____

_____

_____

_____

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