

# HOUSING DISCRIMINATION COMPLAINT QUESTIONNAIRE

Palm Beach County Office of Equal Opportunity  
301 North Olive Avenue, 10th Floor – West Palm Beach, FL 33401  
Telephone: (561) 355-4883 | FAX: (561) 355-4932 | TDD: (561) 355-1517  
<http://www.pbcgov.com/equalopportunity>



Palm Beach County  
Board of County Commissioners

**IMPORTANT NOTICE TO POTENTIAL COMPLAINANT:** Completion of this form is necessary in order for the Office of Equal Opportunity (OEO) to determine if you have sufficient legal grounds to initiate the filing of a complaint of housing discrimination. Completion and submission of this Questionnaire does not constitute the filing of a complaint of discrimination. Upon receipt of this completed Questionnaire, we will determine if you have stated sufficient factual allegations to proceed further. If the facts are not sufficient, we will either contact you for further information or notify you of our determination that the facts are not sufficient. If the facts are sufficient, a complaint will be prepared for you to sign and return to OEO for filing and investigation. You must return the signed, notarized complaint form so that it is received by OEO within one (1) year of the date of the most recent act of alleged discrimination.

*When completing this form, please print legibly or use typewriter.  
Please do not write on the back of the page. Use additional sheets if necessary.*

## PERSONAL INFORMATION

1. My name is \_\_\_\_\_  

FirstMiddle Name or InitialLast
2. My date of birth is \_\_\_\_\_
3. My gender is \_\_\_\_\_ and my racial identity is \_\_\_\_\_  

☐ Hispanic or Latino☐ Not Hispanic or Latino
4. I reside at \_\_\_\_\_  
in the City of \_\_\_\_\_ County of \_\_\_\_\_  
State of \_\_\_\_\_ Zip Code \_\_\_\_\_
5. My daytime telephone number, including the area code, is \_\_\_\_\_
6. My evening telephone number, including the area code, is \_\_\_\_\_
7. The name of a person who will know how to reach me is \_\_\_\_\_  
Their telephone number, including the area code, is \_\_\_\_\_
8. My email address is \_\_\_\_\_  
(**NOTE:** Under Florida law, email addresses are public records. Do not provide your email address if you do not want it released in response to a public records request.)
9. How did you hear about us?  

☐ Referred by \_\_\_\_\_☐ Attended which outreach event? \_\_\_\_\_

## INFORMATION ABOUT THE HOUSING PROVIDER

What is the name of the housing provider, landlord, condominium association, homeowner's association, realtor, etc., that you believe discriminated against you?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

What is the address of the house or property that is involved in your discrimination claim?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

In what Florida county is this property located? \_\_\_\_\_

Were you residing at the above address at the time of the alleged discrimination? ☐ Yes ☐ No

If you answered "yes" to the above question, when did you first move to this address? \_\_\_\_\_

How many units are located at this address? \_\_\_\_\_

Subject property is: ☐ Multi-family (apartment/condominium) -or- ☐ Single-family

Please indicate the basis upon which you believe you were discriminated against. *(Check and respond only to those that are applicable to your case.)*

☐ **Race.** If your claim is based on race, what is your race? \_\_\_\_\_

☐ **Color.** If your claim is based on color, what is your color? \_\_\_\_\_

☐ **National Origin.** If your claim is based on national origin, what is your national origin? \_\_\_\_\_

☐ **Sex.** If your claim is based on sex (or gender), what is your sex (gender)? \_\_\_\_\_

If your claim is based on sexual harassment, did you report the alleged harassment to the housing provider? ☐ Yes ☐ No

If yes, what actions did the housing provider take based upon your report? \_\_\_\_\_

\_\_\_\_\_

☐ **Age.** If your claim is based on age, what is your age? \_\_\_\_\_

☐ **Religion.** If your claim is based on religion, what is your religion? \_\_\_\_\_

Did you request an accommodation for a religious practice or belief? ☐ Yes ☐ No

If yes, what was the housing provider's response to your request? \_\_\_\_\_

☐ **Familial Status.** If your claim is based on familial status, please indicate the number and ages of your dependent child(ren):

\_\_\_\_\_

☐ **Disability.** If your claim is based on disability, what is your disability? \_\_\_\_\_

**(NOTE: IF YOUR CLAIM IS BASED ON A DISABILITY, PLEASE COMPLETE THE ATTACHED DISABILITY QUESTIONNAIRE.)**

Did you request an accommodation or modification for your disability? ☐ Yes ☐ No

If yes, what accommodation or modification did you request? \_\_\_\_\_

What was the property owner's/housing provider's response to your request for an accommodation or modification?

\_\_\_\_\_

☐ **Marital Status.** If your claim is based on marital status, please indicate whether you are:

☐ single ☐ married ☐ divorced ☐ other (*please specify*) \_\_\_\_\_

☐ **Sexual Orientation.** If your claim is based on sexual orientation, what is your sexual orientation? \_\_\_\_\_

☐ **Gender Identity or Expression** \_\_\_\_\_

☐ **Retaliation.** If your claim is based on retaliation, have you previously filed a housing discrimination claim with either HUD, FCHR or OEO? ☐ Yes ☐ No

Have you previously filed a claim of housing discrimination through the housing provider's internal procedures? ☐ Yes ☐ No

Have you testified or assisted someone else in protecting their rights under the fair housing laws? ☐ Yes ☐ No

The most recent act of discrimination took place on \_\_\_\_\_  
Month Day Year

## BRIEF STATEMENT REGARDING YOUR DISCRIMINATION CLAIM

Briefly describe the action that was taken against you that you believe to be discriminatory. Indicate what harm, if any, was caused to you or others in your party or family as a result of this alleged action. (For example: Were you refused rental leasing? Were you subjected to different terms and conditions? Was housing falsely denied as being available? Were you harassed? Were you denied a mortgage/insurance/financing?, etc.)

*Use additional sheets if necessary. Please do not write on the reverse side of the page.*

---

---

---

---

---

---

---

---

---

---

(More writing space next page.)

What reason, if any, did the housing provider give for the alleged discriminatory treatment?

Why do you believe that the action taken against you was discriminatory?

Housing Discrimination Complaint Questionnaire 4 of 7

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

What relief are you seeking in this matter? \_\_\_\_\_

Are you willing to participate in mediation to seek an early resolution of your claim(s)? ☐ Yes ☐ No

If yes, what is the name of the source of assistance? \_\_\_\_\_

Have you previously filed a complaint with OEO or HUD? ☐ Yes ☐ No

If yes, when did you file? \_\_\_\_\_ Complaint No. (if known) \_\_\_\_\_

- A. I have been advised by a representative of the Palm Beach County Office of Equal Opportunity (OEO) that completion of this Questionnaire is necessary in order for the Office of Equal Opportunity to determine if I have sufficient legal grounds to initiate the filing of a complaint of housing discrimination. I understand that completion and submission of this Questionnaire does not constitute the filing of a complaint of discrimination and that upon receipt and review of this completed Questionnaire, OEO will determine if I have stated sufficient factual allegations to proceed with the actual filing of a complaint of discrimination.
- B. I understand that to be timely filed, a complaint of discrimination must be received by OEO within one (1) year of the date of the most recent act of alleged discrimination.

**Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.**

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Date Signed \_\_\_\_\_

[illegible]