

Oregon Bureau of Labor and Industries
CIVIL RIGHTS DIVISION
Housing Discrimination Questionnaire

Please read this entire questionnaire before attempting to fill it out. **Answer all questions.** If you do not know the answer to a question or a question does not relate to your situation, please state so. Please sign this form after filling it out and mail it to:

BOLI
800 NE Oregon St, Ste 1045
Portland, OR 97232

If you have any questions regarding this form, please call the Civil Rights Division at (971) 673-0764.

1. **Full name(s), include spouse if applicable (Last, First):**

2. **Your address and phone number:**

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____

Work: _____

Message: _____

I prefer to be contacted at: Work Home

The best time to contact me is: _____

3. **Names of children under the age of 18:**

Not applicable

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

4. **Contact person (someone other than yourself who can contact you at all times):**

Name: _____ Phone #: _____

Relationship to you: _____

5. I wish to complain against:

Onsite Manager: Not applicable

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Property Manager: Not applicable

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Management Company/Public Housing Authority (circle one):

Not applicable

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Company Owner/President/Executive Director (circle one):

Not applicable

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Property Owner: Not applicable

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Other Persons you wish to complain against (Lender, Bank, Builder, Real Estate Agent, Homeowner Association Member):

Not applicable

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

6. Property involved:

Address of property involved:

Name of property (if applicable): _____

Street: _____

City: _____ State: _____ Zip Code: _____

Description of property:

- Single-Family house (including condominiums and co-ops)
- Building containing 2 to 4 apartments
- Building containing 5 or more apartments
- Mobile Home / Mobile Home Park
- Other (specify) _____

Is the property involved considered low-income housing?

- Yes
- No

7. Issue - How were you harmed:

- Denied the rental or sale of a dwelling
- Discriminated against (treated differently) in the terms and conditions of occupancy
- Eviction
- Failure to accommodate disability
- Discriminated against when borrowing money for housing-related matters
- Mobile Home Park refuses to sell or rent to families with children
- Other (Specify) _____

8. Basis - I have been discriminated against (treated differently) because of:

- Race/Color:* -Black -Asian/Pacific Islander
-White -Other (specify)
-Native American

National Origin: -Hispanic -Other (specify)

Religion (specify): _____

Sex (Gender): -Female -Male

Familial Status (children): Under 18 years old
 Pregnant

Disability: -Physical -Mental

Sexual Orientation: (applicable under State jurisdiction only)

Source of Income: (applicable under State jurisdiction only)

14. **Name of another person treated poorly for the same reasons as you were:** (For example, those who were also evicted because they had minor children.) For additional names, use a separate page.
I don't know any

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Describe how this person was treated: _____

Identify this person's status (i.e. depending on which basis of discrimination you are alleging, identifying this person's race/color, religion, national origin, gender or state whether this person is disabled or has children): _____

15. **Name of another person in a similar situation and of a different status (for example of a different race or religion, who is not disabled, or sex, etc.) who was treated better than you in regards to similar or the same circumstances of your complaint.** For additional names, use a separate page.
I don't know any

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Describe how this person was treated: _____

Identify this person's status (i.e. depending on which basis of discrimination you are alleging, identifying this person's race/color, religion, national origin, gender or state whether this person is disabled or has children): _____

****SEND US COPIES OF YOUR RENTAL AGREEMENT, RULES & REGULATIONS, WRITTEN NOTICES AND ANY OTHER DOCUMENTS RELEVANT TO THE COMPLAINT****

Signature

Date

How were you referred to our office?

- Community/Non-profit organization
- Fair Housing Organization
- Telephone book
- Friend/Word-of-mouth
- Advertisement
- Television/Radio
- Newspaper
- HUD website
- BOLI website
- Internet search
- Fair Housing poster; please specify location: _____
- HUD Fair Housing Event, please specify: _____
- Other, please specify: _____