

## General Information for BOLI's Housing Discrimination Questionnaire

- A. **What BOLI investigates:** Oregon law prohibits discrimination in housing based upon race, color, religion, sex, sexual orientation, national origin, marital status, familial status, source of income or disability. The Oregon Bureau of Labor and Industries (BOLI), Civil Rights Division (CRD), can investigate allegations of such discrimination to determine if there is substantial evidence supporting the allegations. Many kinds of unfair treatment and discrimination *do not* violate the law, and thus the Division may decide not to investigate your allegations. Please visit our website at <http://www.oregon.gov/BOLI/> for more details.
- B. **Burden of proof:** You have the burden of proving your claims. BOLI investigators must be impartial and are *not* advocates for complainants.
- C. **The questionnaire is NOT an official complaint:** The questionnaire is the form used by the Intake staff to assist in the drafting of an official complaint. Please fill out the questionnaire as completely as possible. Completing the questionnaire is only a preliminary step.
- D. **Public Record:** If you file an official complaint, a copy of that complaint is sent to the person(s) you are complaining about, with instructions that they provide an answer to your allegations. The investigative file (*including the questionnaire*) eventually becomes a public record that may be viewed or copied by anyone requesting to do so (for a fee), except for contents that are exempt under Oregon's Public Records Law (ORS Chapter 192).
- E. **Time limitations:** To file an unlawful housing discrimination complaint with BOLI, you must provide BOLI with a *signed* copy your complaint within one (1) year from the date on which the alleged discriminatory act occurred. (You may file a civil action in circuit court not later than two years after the occurrence or the termination of the unlawful practice.)
- F. **No Jurisdiction:** BOLI does not have jurisdiction over Residential Landlord and Tenant laws (ORS Chapter 90), or issues such as habitability. If your complaint involves such issues separate from any unlawful discrimination, please contact an attorney or tenant's advocacy organization.

### G. Other Resources:

Fair Housing Council of Oregon  
506 SW Sixth Avenue, Suite 1111  
Portland, OR 97204  
503-223-8197  
<http://www.fhco.org>

Community Alliance of Tenants  
2710 NE 14th Ave.  
Portland, OR 97212  
503-288-0130  
<http://oregoncat.org>

Legal Aid Services of Oregon  
1-888-610-8764  
<http://www.oregonlawhelp.org>

Oregon State Bar - Lawyer Referral Service  
1-800-452-7636  
<http://www.osbar.org>

## 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**  
**Civil Rights Division**  
**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 current 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
- Other (Specify) \_\_\_\_\_

**8. Basis - I have been discriminated against (treated differently) because of (check any that apply):**

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

\_\_\_\_\_  
*National Origin:* -Hispanic -Other (specify)

\_\_\_\_\_  
*Religion:*  (specify)

\_\_\_\_\_  
*Sex:* -Female -Male

-Gender identity\* -Gender expression\*

*Sexual Orientation:* \*

\_\_\_\_\_  
*Familial Status (children):*  Under 18 years old  
 Pregnant

\_\_\_\_\_  
*Disability:* -Physical -Mental

\_\_\_\_\_  
*Source of income\*:*  (Does not include Section 8)



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12. What do you think the Respondents (landlord, lender, owner, etc.) will tell us in response to your allegations?

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13. Names of witnesses who can testify specifically as to what happened:  
*I have no witnesses*

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
What did this person witness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
What did this person witness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
What did this person witness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. **Name of another person (comparator) 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 how this person's relevant status is different from yours (i.e. the person's race/color, religion, national origin, gender, whether this person is not disabled, or has no 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: \_\_\_\_\_