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 Oregon’s laws, and thus BOLI CRD cannot investigate. 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. What is the Questionnaire – The Questionnaire is a form which assists the intake staff in drafting a possible charge. The Questionnaire is NOT an official complaint and completing the Questionnaire does not mean an investigation will be conducted. If you file a formal complaint, the Questionnaire will become part of a public record once a case is closed.

D. Time limitations - To file an unlawful housing discrimination complaint with BOLI, you must provide BOLI with a signed copy of 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 no later than two years after the occurrence or the termination of the unlawful practice.)

E. 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.

F. Contact Information - It is your responsibility to contact this office in writing advising us of changes in your address and/or telephone number.

G. Private Attorney - You may consult an attorney at any time before or during a CRD investigation. You are not required to retain an attorney.

H. Other Resources

Fair Housing Council of Oregon
506 SW 6th Ave #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 Questionnaire (rev. Sept. 2019)
I am submitting this questionnaire in confidence and request that my address, telephone numbers, and email address not be disclosed.

☐ Yes ☐ No

YOUR NAME: ___________________________________________ (First) (Middle Initial) (Last)

SPOUSE'S NAME (if applicable) (First) (Middle Initial) (Last)

Your mailing address and phone number:

Street: ___________________________________________

City: ____________ State: ___ Zip Code: ____________

Phone: Home/Cell (circle one): ____________

Work: ____________

Message: __________________

I prefer to be contacted at: ☐ Work ☐ Home/Cell (circle one)

Best time to contact you (between 8 am and 5 pm)

__ _____ Other best time _________________

Names of children under the age of 18: ☐ Not applicable

Name: ___________________________________________ Age: ____________

Name: ___________________________________________ Age: ____________

Name: ___________________________________________ Age: ____________

Name: ___________________________________________ Age: ____________

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

Name: ___________________________________________ Phone #: ____________

Relationship to you: ________________________________
1. 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: __________________________
2. **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)
   [ ] Residential Building containing 2 to 4 apartments
   [ ] Residential Building containing 5 or more apartments
   [ ] Mobile Home / Mobile Home Park
   [ ] Other (specify) __________________________

   Is the property involved designated low-income housing?
   [ ] Yes  [ ] No

3. **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 seeking loan for real property transaction
   [ ] Mobile Home Park refuses to sell or rent to families with children
   [ ] Other (Specify) __________________________

4. **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): __________________________
   Gender: [ ] Female  [ ] Male  [ ] Other (specify) ______
   Familial Status (children): [ ] Under 18 years old  [ ] Pregnant
   Disability: [ ] Physical  [ ] Mental
   Marital Status: [ ] Married  [ ] Unmarried  [ ] Other (specify) ______
   Source of Income: [ ] (includes Section 8)
Please describe why you believe you were discriminated against because of the basis you marked in question number 4 (For example, “I believe the manager refused to rent to me because I have children. I believe this because I saw no children in the complex.”):


5. Please state the most recent date of occurrence in which you believe you were discriminated against. Include the month, day and year. (COMPLAINT CANNOT BE FILED WITHOUT THE MOST RECENT DATE OF OCCURRENCE.)


6. Please describe what happened. Describe in chronological order how the people you are complaining against harmed you. Please be sure to provide the month, day and year each incident occurred and the names and phone numbers of any individuals who witnessed the incidents described. Use additional pages, if necessary.


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


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Housing Questionnaire (rev. Sept. 2019)
8. **Names of witnesses who can testify specifically as to what happened:**
   For additional names, use a separate page.

   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? ____________________________
   ____________________________
   ____________________________
   ____________________________

9. **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): ____________________________
10. 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: _________________________________________