

STATE OF RHODE ISLAND
COMMISSION FOR HUMAN RIGHTS
180 Westminster Street, Third Floor
Providence, RI 02903-1918
401-222-2661 TDD: 401-222-2664 Fax: 401-222-2616

HOUSING DISCRIMINATION QUESTIONNAIRE

Please type or print your answers as completely as possible on this form and return it to the Commission at the above address. You will be contacted regarding the filing of a formal charge if your allegations come under Commission jurisdiction. This is **not** a formal charge of discrimination. **IF QUESTION # 7 IS NOT ANSWERED COMPLETELY, THE COMMISSION CANNOT PROCESS YOUR CHARGE.**

Indicate Mr./Mrs./Ms.

Date _____

1. Name _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip Code _____

Telephone Numbers with area code Home _____ Work _____

Cell _____ Date of Birth _____ Email _____

2. How did you learn about the Commission? Commission Brochure Commission Commercial
 Commission Website Other _____

3. Who are you filing against? Landlord Manager Bank
 Builder Real Estate Agent Other _____

Name _____

Address _____ City _____ State _____

Zip Code _____ Phone with area code _____

4. Location of Property:
Address _____ Apartment No. _____

City _____ State _____ Zip Code _____

Number of apartments in the above property _____

5. Please check cause of alleged discrimination: Race Marital Status Religion Sex Ancestral Origin
 Age (Over 18) Disability (Physical or Mental) Color Minor Children/Familial Status Military Status
 Sexual Orientation Gender Identity/Expression Status as Victim of Domestic Abuse Housing Status
Explain Cause* _____

(*Example: if you checked "Race", indicate your race)

6. Please check the alleged discriminatory action(s)/condition(s): Refusal to Rent Refusal to Sell
 Terms/Conditions of Rental Terms/Conditions of Sale Refusal of Mortgage Advertising
 Denial of Disability Accommodation Intimidation/Coercion Retaliation Other

Other (Explain) _____

7. Please explain (on a separate paper) what action was taken against you that you believe to be discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? Please include all relevant names and dates. Please explain the discriminatory acts taken by the person named in Question #3. If you have any documents concerning the situation, please attach copies to your statement.

8. Please specify the date(s) the alleged harm took place: _____

9. Have you sought any assistance from any other source about the action you think was discriminatory?

Yes No If yes, please indicate: _____

Name of source of assistance _____

Result, if any _____

10. If you have hired a lawyer, please indicate: Name _____

Address _____ City _____ State _____

Zip Code _____ Phone with area code _____

Will he/she be representing you? Yes No

11. Please provide the name of a person not living with you who would know how to reach you:

Name _____ Relationship _____

Address _____ City _____ State _____

Zip Code _____ Phone _____ Cell _____

If you have a disability and need a reasonable accommodation in order to complete this form, please notify the Commission and one will be provided to you.

FOR OFFICE USE ONLY-DO NOT WRITE HERE

SEND NOTICES TO:

A) Agent For Service _____

Address _____

City _____ State _____ Zip Code _____

B) Corporate Headquarters _____

Address _____

City _____ State _____ Zip Code _____

C) Other _____

Address _____

City _____ State _____ Zip Code _____