

STATE OF RHODE ISLAND  
COMMISSION FOR HUMAN RIGHTS  
180 Westminster Street, Third Floor  
Providence, RI 02903-1918  
401-222-2661 Fax: 401-222-2616 Voice Relay 7-1-1

**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 may also e-mail your submission to [richr.housing@richr.ri.gov](mailto:richr.housing@richr.ri.gov). **If you have a disability and need a reasonable accommodation in order to complete this form, please notify the Commission.** You will be contacted regarding the filing of a formal charge once your submission has been reviewed. **This is not a formal charge of discrimination.**

- Indicate: Mr./Mrs./Ms./Other \_\_\_\_\_ Date \_\_\_\_\_
1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_
2. How did you learn about the Commission?  Commission Brochure  Commission Website  
 Commission Facebook Page  Other \_\_\_\_\_
3. Who do you wish to file against?  Landlord  Manager  Builder  
 Real Estate Agent  Bank  Other  
Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_
4. Location of Property:  
Address \_\_\_\_\_ Apartment No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Number of Apartments in the above property \_\_\_\_\_
5. Basis of Alleged Discrimination:  Race  Color  Religion  Ancestral Origin  Sex  
 Disability (Physical or Mental)  Age (18 or above)  Sexual Orientation  Military Status  
 Gender Identity/Expression  Marital Status  Minor Children/Familial Status  Housing Status  
 Status as Victim of Domestic Abuse  Retaliation  Lawful Source of Income  
Explain Basis \_\_\_\_\_ (Example: if you checked "Race", indicate your race)
6. Discriminatory action/condition:  Refusal to Rent  Refusal to Sell  Terms/Conditions of Rental  
 Terms/Conditions of Sale  Refusal of Mortgage  Denial of Disability Accommodation  
 Advertising  Intimidation/Coercion  Other (Explain) \_\_\_\_\_

**IMPORTANT: IF QUESTION #7 IS NOT ANSWERED COMPLETELY, THE COMMISSION CANNOT PROCESS YOUR QUESTIONNAIRE.**

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. If you named an individual in Question #3, explain the discriminatory actions that this person took. 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", 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: ( ) \_\_\_\_\_

Will they be representing you?  Yes  No

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**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 \_\_\_\_\_