



Date Received:

JHRC No. Assigned: \_\_\_\_\_

**HOUSING DISCRIMINATION PRE-INTERVIEW QUESTIONNAIRE**

**IMPORTANT NOTICE**

Completion of this form is necessary for the Jacksonville Human Rights Commission ("JHRC") to determine if you have sufficient legal grounds to file a fair housing discrimination complaint. Completion of this form **does not** constitute the filing of a fair housing discrimination complaint ("Complaint").

Within ninety (90) days of JHRC's receipt of this completed Questionnaire, your inquiry will be assessed by an Equal Opportunity Specialist ("EOS"), who will contact you and may ask additional questions to clarify the facts you have presented. If the facts are sufficient, the EOS will prepare a formal Complaint form for you to sign.

If the facts are not sufficient or the JHRC does not have the authority to investigate the allegations, we will notify you and refer you to another agency to address your concerns, if appropriate.

Please answer all of the questions completely. If you do not know the answer, write "Not Known." If the question does not apply, write "N/A". **Please PRINT CLEARLY.**

If you do not understand a question, need assistance completing this form, or if you need this form in an alternate format, please contact JHRC's office at (904) 255-5397.

**A. PERSONAL INFORMATION**

Ms.  Mr.  Mrs.

Name: \_\_\_\_\_  
*(Last) (First) (Middle Name or Initial)*

Address: \_\_\_\_\_ Apt/Unit/Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

What is the best time of day to reach you? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Last Four Digits SS#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

My Gender is: \_\_\_\_\_ My Racial Identity is: \_\_\_\_\_

**B. REPRESENTATION: If you are represented by an attorney, please provide the attorney's name and contact information.**

Attorney's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**C. CONTACT INFORMATION: Please provide the name of a person we can contact if we are unable to reach you. Do not use a person who lives at your address!!**

Ms.  Mr.  Mrs. Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Name or Initial)

Address: \_\_\_\_\_ Apt/Unit/Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**D. HOUSING PROVIDER: What is the address of the house or housing complex that is involved in your claim of discrimination?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of property involved:**

- Multi-family housing complex  Condominium or Homeowners' Association
- Single-family house  Housing for persons 55 or 62 years of age or older
- Housing for 2, 3 or 4 families (Does the owner live there?  Yes  No)

**When did you begin residency at the property?** \_\_\_\_\_

Are you still a resident at the property?  Yes  No

If "No", what date did you vacate the property? \_\_\_\_\_

**Who allegedly discriminated against you?** \_\_\_\_\_

**This person(s) is the:**     Property Manager       Owner       Builder/Contractor  
 Banker or Lender     Realtor/Broker       Other \_\_\_\_\_

**E. YOUR DISCRIMINATION CLAIM: Please indicate why you believe you have been discriminated against. (Check and respond only to those that apply to your claim.)**

**Race:** *If your claim is based on race, what is your race?* \_\_\_\_\_

**Color:** *If your claim is based on color, what is your color?* \_\_\_\_\_

**National Origin:** *If your claim is based on national origin, what is your national origin?*  
\_\_\_\_\_

**Religion:** *If your claim is based on religion, what is your religion?* \_\_\_\_\_

Did you request an accommodation for a religious practice or belief?     Yes       No

If "Yes", what was the housing provider's response to your request? \_\_\_\_\_  
\_\_\_\_\_

**Sex:** *If your claim is based on sex (or gender), what is your sex (gender)?* \_\_\_\_\_

*If your claim is based on **sexual harassment**, did you report the harassment to your housing provider?*     Yes       No

If "Yes", what actions did the housing provider take based on your report? \_\_\_\_\_  
\_\_\_\_\_

**Sexual Orientation**

**Gender Identity**

**Disability:** *If your claim is based on disability, what is your disability?* \_\_\_\_\_  
\_\_\_\_\_

Did you request an accommodation or modification for your disability?     Yes       No

What did you request? \_\_\_\_\_  
\_\_\_\_\_

**NOTE: If your claim is based on disability, please complete the Disability Addendum - Housing.**

**Familial Status:**     Pregnant       Children under 18 years of age

*If your claim is based on **pregnancy**, when did the housing provider learn that you were pregnant?* \_\_\_\_\_  
\_\_\_\_\_

*If your claim is based on a **child or children under the age of 18**, please indicate the gender and ages of your dependent child(ren):* \_\_\_\_\_  
\_\_\_\_\_

**Marital Status:** *If your claim is based on marital status, please indicate whether you are:*

Single       Married       Divorced

**Retaliation:** *If your claim is based on retaliation:*

If you complained to the housing provider, who did you tell? \_\_\_\_\_

What did you complain about? \_\_\_\_\_

Have you previously filed a claim of housing discrimination with:

**HUD:**  Yes  No **JHRC:**  Yes  No **Other:** \_\_\_\_\_

**What did the person(s) you are complaining about do that was discriminatory? (Check and respond only to those that apply to your claim.)**

- Refused to rent or sell to you
- Offered different terms, conditions, or privileges for sale or rental
- Falsely denied housing was available for inspection
- Made a statement or printed an advertisement stating a preferred group only
- Refused to make or delayed permission to make certain accommodations because of your disability
- Refused or delayed permission to allow reasonable modifications to the property
- Failed to design or construct housing in an accessible manner
- Engaged in unlawful discrimination in a loan transaction secured by real estate
- Harassed, coerced, intimidated or interfered with your rights under the applicable fair housing laws
- Other \_\_\_\_\_

**What was the most recent or last date that you were discriminated against?**

\_\_\_\_\_

**Statement of alleged discrimination: Summarize in your own words what happened. Explain how others were treated more favorably than you in the same or a similar situation.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**What reason(s) did the housing provider give for the alleged discriminatory treatment?** \_\_\_\_\_

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**Why do you believe the action(s) taken against you were discriminatory?** \_\_\_\_\_

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**F. WITNESSES: Please identify any witnesses to the alleged discriminatory incident(s).**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What did this person see or hear? \_\_\_\_\_

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**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What did this person see or hear? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**G. DESIRED RESOLUTION: What would you be willing to accept to resolve this matter?**

- Assigned Parking    Rent/Fee Forgiveness    Unit Transfer    Neutral Rental History  
 Harassment Ceases    Other (Please Specify): \_\_\_\_\_

\_\_\_\_\_

**H. OTHER ASSISTANCE:**

**Have you sought assistance from any other government agency, an attorney, or from any other source?**    Yes    No

If "Yes", what is the name of the agency/source: \_\_\_\_\_

**Have you previously filed a complaint with the JHRC or HUD?**    Yes    No

If "Yes", when did you file: \_\_\_\_\_ Case No. (if known): \_\_\_\_\_

**I. HOW DID YOU HEAR ABOUT THE FAIR HOUSING ACT OR FILING A COMPLAINT?**

- Referred by: \_\_\_\_\_    City/JHRC website    JHRC Facebook  
 Radio/print/social media advertisement (if yes, which ad): \_\_\_\_\_  
 Other: \_\_\_\_\_

**PLEASE READ AND SIGN**

1. I understand that completion of this Questionnaire is necessary for the JHRC to determine if I have sufficient legal grounds to file a complaint of fair housing discrimination.
2. I understand that completing this Questionnaire **does not** constitute the filing of a fair housing discrimination complaint.
3. I understand that to be timely filed, a fair housing discrimination complaint must be filed within one (1) year of the date of the most recent act of the alleged discrimination.
4. I understand that this Questionnaire will be considered confidential and will not be disclosed (except to the parties to this proceeding, including the housing provider and its legal representative) as long as the case remains open unless it becomes necessary for JHRC to disclose the Questionnaire in a formal proceeding.

**Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_