

**Allentown Human Relations Commission  
Housing Discrimination Questionnaire**

**1. COMPLAINANT CONTACT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

Apt.

City

State

Zip Code

Phone Number: (H) \_\_\_\_\_ Cell: \_\_\_\_\_

(W) \_\_\_\_\_ May we contact you at work?  Yes  No

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

Name, address and phone number of a person, who does **NOT** live with you and will know how to contact you:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street

Apt.

City

State

Zip Code

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

**2. AGAINST WHAT BUSINESS OR ORGANIZATION DO YOU WANT TO FILE YOUR COMPLAINT?**

Name \_\_\_\_\_

Address in PA \_\_\_\_\_

Street

City

State

Zip Code

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Type of business \_\_\_\_\_

(\*For example, restaurant, theater, delivery service, state or local government agency, etc.)

**NUMBER OF UNITS OWNED OR MANAGED BY THE ABOVE (if applicable.)**

fewer than 4

4 to 16

15 to 20

20 or more

**3. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU. \* Check all that apply.**

Write the date(s) you were harmed beside the discriminatory event or action:

- Denied rental \_\_\_\_\_  Eviction \_\_\_\_\_  Denied sale \_\_\_\_\_
- Denied financing \_\_\_\_\_  Different/unequal treatment \_\_\_\_\_
- Harassment \_\_\_\_\_

(Complete question #7 if you were harassed.)

- Denied reasonable accommodation for disability \_\_\_\_\_
- Denied reasonable modification for a disability \_\_\_\_\_

OTHER, please be specific: \_\_\_\_\_

\*PLEASE ATTACH COPIES OF ANY DOCUMENTS SUCH AS A LEASE, RENTAL AGREEMENT, APPLICATION, LETTR, RECIPT, NEWSPAPER AD, ETC. TO BACK WHAT YOU ARE SAYING.

**4. DO YOU FEEL YOU WERE TREATD DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARATERISTICS BELOW?**

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, age, sex, national origin, familial status, disability or the use, handling or training of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race as the reason. If you feel you were treated differently because of your race and sex, please check both race and sex. **Only check those reasons which explain why you were harmed.** Also, please identify your race, color, religion, national or ancestry, if you were discriminated against based on those factors.

Male  Female  Pregnant

Race \_\_\_\_\_  Color \_\_\_\_\_

Religion \_\_\_\_\_  Ancestry \_\_\_\_\_

Association with a person of a different race than your own:  
Your race \_\_\_\_\_ The other person's race \_\_\_\_\_

- Use of a guide or support animal for disability (please complete #6)
- Handling or training of a support animal for disability (please complete #6)
- Other (please specify) \_\_\_\_\_
- I have a disability. (please complete #6)  The manager, etc. treats me as if I am disabled.
- I had a disability in the past. (please complete #6)

I have a relationship or association with someone who has a disability. (please complete #6)

**RETALIATION**

If you believe you were **harmed** because you complained about what you believed to be unlawful discrimination, because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.

Date you filed a complaint with the Allentown Human Relations Commission \_\_\_\_\_

If you filed a complaint with another agency, list the agency's name and date of filing:

\_\_\_\_\_  
Date you complained about discrimination and person you complained to (name and position):

\_\_\_\_\_  
Date you assisted someone in complaining about discrimination \_\_\_\_\_

**5. STATE THE REASONS THE MANAGER, BUSINESS OWNER, ETC. GAVE FOR THE ACTIONS THAT HARMED YOU.** \_\_\_\_\_

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

Who told you about the reasoning for the action? Including his or her position or title.

\_\_\_\_\_

When were you told about the action taken against you? \_\_\_\_\_

Date(s)

If you were given no reason, please check here.

Regarding how you were harmed, please identify a person or persons who were treated better than you. *For example, as a Hispanic person inquiring about an apartment, you were told it was unavailable, but the apartment was rented the same day to a white, non-Hispanic person.*

Name of other person(s) – First and Last (if known)

\_\_\_\_\_

How is this person different from you? For example, what is his or her race, age, religion, etc.?

\_\_\_\_\_

Please explain **exactly** how this person was treated better or differently than you. Include dates.

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

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. Which can be investigated, and which directly relates to why you were treated differently than someone else.

**6. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #4 ABOVE, ANSWER THE FOLLOWING QUESTIONS. (IF NOT, SKIP TO #7)**

What is your disability? \_\_\_\_\_

How long have you had this disability and when did it start? \_\_\_\_\_

Do you still have this disability?  Yes  No

If yes, how much longer do you expect to have the disability? \_\_\_\_\_

What major life activities do you have great difficulty performing because of your disability (Check all that apply.)

- Seeing     Hearing     Bending     Walking     Lifting     Stooping
- Turning     Climbing     Running     Talking     Standing for long periods
- Sitting for long periods     Caring for yourself     Thinking     Concentrating
- Relating to others

Other Major Life Activities (**Be specific**) \_\_\_\_\_

If you have a disability in the past, when did it start, and what date did it end? \_\_\_\_\_

If your landlord, property manager, etc. treats you as if you are disabled: What disability do they think or believe you have? \_\_\_\_\_

Who are the people that are treating you as disabled (names and positions)? \_\_\_\_\_

Why do you think these people think or believe you have a disability? \_\_\_\_\_

How did your landlord, manager, etc. learn about your disability? \_\_\_\_\_

On what date did they learn about your disability? \_\_\_\_\_

Which specific manager/official/agent learned about your disability? \_\_\_\_\_

If you are related to someone who has a disability, what is your relationship to this person? \_\_\_\_\_

What is this person's disability? \_\_\_\_\_

How and on what date did the landlord, manager, etc. learn about this person's disability? \_\_\_\_\_

Did you ask for an accommodation or assistance?  yes  no

IF YES,

- To whom did you make your request? \_\_\_\_\_
- On what date was the request made? \_\_\_\_\_
- Please describe the accommodation or assistance you requested, and why. \_\_\_\_\_

Did the landlord, manager, etc. provide the requested accommodation or assistance?

yes  no

If so, on what date \_\_\_\_\_

If not, did he or she provide some other accommodation or assistance instead?

yes  no

If yes, please explain. \_\_\_\_\_

Did the landlord, manager, etc. deny your request for an accommodation or assistance?

yes  no

If so, who denied your request? \_\_\_\_\_

What date was the request denied? \_\_\_\_\_

What reason was given to you for the denial? \_\_\_\_\_

**7. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #4, ANSWER THE FOLLOWING QUESTIONS AS COMPLTLY AS POSSIBLE.**

Name the person(s) who harassed you: \_\_\_\_\_

His or her position and the relationship to the landlord, manager, etc. \_\_\_\_\_

When were you harassed; starting date \_\_\_\_\_ Ending date \_\_\_\_\_

Is the harassment still continuing?  yes  no

How often did the harassment occur? As well as possible, please indicate **date, month and year** of each incident and how often the harassing actions occurred.

One time only \_\_\_\_\_  Once a day \_\_\_\_\_

Several times daily \_\_\_\_\_

Multiple times/week \_\_\_\_\_

Multiple times/month \_\_\_\_\_

Please provide two or three examples of the harassment you experienced.

Do you consider any of the above acts of harassment to be especially severe and/or offensive?

yes  no if so, why? \_\_\_\_\_

Did the harassment have a negative or harmful effect on you or your health? If so, please explain: \_\_\_\_\_

Did you complain to anyone about the harassment?  yes  no

To whom did you complain? \_\_\_\_\_

Name

Position or title



