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| This section for office use only.   Staff :       Date Drafted: |

**Housing Complaint Questionnaire**

Please PRINT Clearly  **(Note:** this is ***not an official complaint***: completing a questionnaire is a preliminary step.)

If any of the words or questions are hard to understand, call the Commission for help: (360) 753-6770 (se habla español) (Toll Free 1-800-233-3247, TTY 1-800-300-7525). When you are finished, please return this form.

**COMPLAINANT INFORMATION**

|  |  |
| --- | --- |
| Name (First, Middle Initial, Last): | |
| Street Address: | |
| Mailing Address (if different): | |
| City/State/Zip: | |
| Home Phone: | Daytime Phone: | |
| Email Address: | Mobile/Cellular telephone: | |
| Best way to reach you (home phone/cell phone/email): | Best time to reach you: | |

**Others-adult or child-Living With Complainant at the time of the alleged harm (list additional information on separate sheet)**

|  |  |  |
| --- | --- | --- |
| Name (First AND Last): | Age at the Date of Alleged Harm: | Relationship to Complainant |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

**Contact Person.** Name, address, and phone number of a person who **does not live with you** but will know how to contact you.

|  |  |
| --- | --- |
| Name: | |
| Address: | |
| City/State/Zip: | |
| Phone number: | Relationship to you: | |

**HAVE YOU FILED A COMPLAINT WITH ANY OTHER AGENCY, OR HAVE YOU TAKEN ACTION IN A COURT OF LAW ABOUT THESE ALLEGATIONS?**

No, neither I nor anyone else has filed any complaint or taken any court action about these allegations

Yes, a complaint/lawsuit was filed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Attorney or advocate representing you in this matter, if any (you ALWAYS have the right to obtain legal advice, but attorneys are NOT required in this administrative process):** |
| Address: |
| City/State/Zip: |
| Phone Number: |

**RESPONDENT INFORMATION** List all of the following information about the party you are complaining against – such as Manager, Property Manager, Owner (if known), HOA/COA Board Members, Maintenance Staff, Public Housing Authority, etc.

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| --- |
| **Respondent #1 Name** **and Title:** |
| Company Name: |
| Street Address: |
| City/State/Zip: |
| Phone Number: |

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| --- |
| **Respondent #2 Name** **and Title:** |
| Company Name: |
| Street Address: |
| City/State/Zip: |
| Phone Number: |

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| **Respondent #3 Name** **and Title:** |
| Company Name: |
| Street Address: |
| City/State/Zip: |
| Phone Number: |

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| **Respondent #4 Name** **and Title:** |
| Company Name: |
| Street Address: |
| City/State/Zip: |
| Phone Number: |

1. I believe that I was discriminated against **because of the following protected class**:

Race – my race is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color – my color is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Origin – my origin is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Creed / Religion – my creed is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex / Gender – my sex is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual Harassment

Families with Children Status / Pregnancy

Marital Status – my marital status is: \_\_\_\_\_\_\_\_\_\_\_

Sexual Orientation – my orientation is: \_\_\_\_\_\_\_\_\_

Gender Identity – my identity is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran/Military Status

Disability – my disability is/disabilities are:

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

Retaliation for using rights under RCW 49.60

Use of a service/assistance animal

Citizenship / Immigration Status - **WSHRC does not collect information about immigration status** – **please do not indicate your immigration status.**

1. What kind of house or property was involved? (check the closest choice)

|  |  |
| --- | --- |
| A single family house | A building for 5 families or more |
| A house or building for 2, 3, or 4 families | Housing Authority or other subsidy program |
| A homeowner or condo owner association | Other (includes vacant land held for residential use) |
| IF OTHER, PLEASE SPECIFY: | |

1. If property is a house or building for 2, 3, or 4 families, does the owner live there?  Yes  No
2. Is the house or property being rented or sold?  Rented  Sold  N/A
3. Details about the house or property:

|  |
| --- |
| Name of property (if applicable): |
| Street address of property: |
| City/State/Zip Code of property: |
| County where property is located: |

1. Does the person you are complaining about own other property?  Yes  No  Don’t know

|  |  |
| --- | --- |
| What kind? | How many units? |

1. Give dates and a brief description of any discriminatory actions taken against you within the last 1 year. Include the name and job title, if known, of the person(s) who took the actions(s). **Be sure to provide the most recent date of discrimination and describe what happened on that date.**

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| **Most recent date of harm: (required)** |

1. Why do you think this happened to you?

|  |
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|  |

1. What reasons were you given for the action about which you are complaining?

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|  |

1. Please name others who were treated **similarly** to you, under the **same** conditions:

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| --- |
|  |

1. Please name others who were treated **differently** than you were, under the **same** conditions.

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|  |

1. Why do you think they were treated differently than you were?

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|  |

1. Date you moved into the property (if applicable):
2. Date you moved out of the property (if applicable):

* **PLEASE SIGN AND DATE. RETURN THE QUESTIONNAIRE ONLY.**
* **SAVE ADDITIONAL DOCUMENTATION FOR THE INVESTIGATOR.**
* **THIS IS NOT THE OFFICIAL FILING OF A COMPLAINT, BUT A PRELIMINARY STEP.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_