

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 \_\_\_\_\_

**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.

**Respondent #1 Name and Title:**

Company Name:

Street Address:

City/State/Zip:

Phone Number:

**Respondent #2 Name and Title:**

Company Name:

Street Address:

City/State/Zip:

Phone Number:

**Respondent #3 Name and Title:**

Company Name:

Street Address:

City/State/Zip:

Phone Number:

**Respondent #4 Name and Title:**

Company Name:

Street Address:

City/State/Zip:

Phone Number:



8. Why do you think this happened to you?

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

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

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

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

13. Date you moved into the property (if applicable):

14. 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 \_\_\_\_\_