

Vermont Human Rights Commission Questionnaire for Housing Complaints

Your answers to this questionnaire are confidential pursuant to 9 V.S.A. §4555(a). **Please print or type your responses. If you have any questions while filling out this form, don't hesitate to contact the HRC at 1-800-416-2010 (Toll Free VT) or 802-828-1625 or by email at human.rights@vermont.gov for assistance.**

1. INFORMATION ABOUT YOU

Name: Mr./Ms./Mrs. _____

Mailing address: _____

E-mail address: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Message phone 1: _____ Message phone 2: _____

If you will be represented by an attorney, please provide the attorney's name and phone number:

Name: _____ Phone number: _____

Have you filed a complaint regarding this matter with the Human Rights Commission, the U.S. Department of Housing and Urban Development (HUD), or any other agency within the last year? Or have you filed a lawsuit regarding this matter? If yes, fill in the information below:

Agency or court name: _____

Approximate date complaint was filed: _____

Complaint or charge number, if known: _____

2. ESTABLISHING JURISDICTION

A. Below are the legal bases for protection from housing discrimination. If you believe you have experienced discrimination because of your membership in one or more of these protected categories please circle those that apply.

Race: Black White Asian Pacific Islander/Hawaiian
Native American Indian/Alaskan Native

Color:

National Origin (please specify):

Religion (please specify):

Sex: Male: Female:

Sexual Orientation (please specify):

Gender Identity (please specify):

Marital Status: Married: Single: Divorced: Widowed:

Age:

Disability: Physical: Developmental: Psychiatric/Emotional:

Receipt of public assistance (type of assistance):

Presence of minor children: Yes No If yes, Age(s):

B. Housing action upon which your complaint is based (circle all that apply):

Refusal to rent or sell: Discrimination in financing:

Falsely told that housing was not available: Blockbusting:

Harassment: Denied reasonable accommodation for disability:

Given different terms and conditions for rent/sale/loans:

Discriminatory advertising: Other (please specify):

C. What was the most recent date you were allegedly discriminated against?

If your answer is more than one year before today, please stop and contact the HRC at 800-416-2010 (Toll Free VT) or 802-828-1625 or stop and contact an attorney or your local Vermont Legal Aid office.

3. RESPONDENT INFORMATION

Please provide the following information about the housing provider/lending institution:

Landlord/Realtor/Lending institution: _____

Name of person you spoke/interacted with and title (if known): _____

Mailing address: _____

Phone number: _____

Address of the property in question: _____

Type of house or property involved (please pick one):

- Single family home YES NO
- Rental unit in multiple unit building (more than 3 units) YES NO
- Rental unit in multiple unit building (3 or less units) YES NO
 - For rental units located in a building of 3 units or less, is one of the units occupied by the owner or a member of the owner's immediate family? YES NO UNKNOWN

Please complete the following statement: I believe I have been discriminated against for the following reasons (use additional paper as needed):

I understand that the information in this questionnaire may be shared, in whole or part, by the Vermont Human Rights Commission (HRC) with the U.S. Department of Housing and Urban Development and the Respondent identified above.

In order to provide a timely complaint, under penalties of perjury, I declare that I have read this questionnaire and wish to make it my complaint of discrimination and that the facts stated in it are true. I will advise the HRC if I change my address or telephone number and I will cooperate fully with the HRC in the processing of my complaint in accordance with its procedures.

I understand the foregoing and agree to and request the HRC consider an investigation of this matter.

Signature

Date

Mail or fax to:

Vermont Human Rights Commission
14-16 Baldwin Street
Montpelier, VT 05633-6301
Telephone: 800-416-2010 (Toll Free VT) or 802-828-1625
TTY: 877-294-9200
Fax: 802-828-2481

OPTIONAL QUESTIONS FOR HOUSING DISCRIMINATION CLAIMS

You are invited to answer any or all of these additional questions either directly on this form or on another sheet of paper.

Additionally, you are invited to provide any further information or documents you believe would be helpful.

How and when did you find out about the housing unit for rent or for sale?

When did you first contact the landlord/owner/realtor?

Please describe your conversations/interactions with the landlord/owner/realtor.

Did you submit a rental application or contract for sale? If yes, when?

How were you notified that the application or contract was being denied?

Are you a current resident at the property in question?

Do you live with children under the age of 18? If yes, please provide the names and ages of the children.

Who discriminated against you?

What is his/her position?

Provide the names, contact information, and protected class of any persons who were with you.

Was this a one-time incident or was the discriminatory conduct repeated?

Were there any witnesses to the incident(s) you described? If yes, please provide names and contact information.

Did you report the incident(s) to anyone? If yes, when and to whom and what did you tell that person?

Explain how the offensive conduct affected you. Did you suffer physically or psychologically? Did you see a doctor or counselor/therapist?

Is there any documentation of the incident(s)?

Are there any documents that corroborate your complaint? If yes, please provide copies of documents if available.

Did the landlord/owner/realtor/lender provide a reason for his/her conduct towards you? If yes, please explain.:

OPTIONAL QUESTIONS FOR DISABILITY DISCRIMINATION CLAIMS

Do you have medical documentation describing the limitations caused by your disability?

How does your disability affect your ability to talk, take care of your daily activities, sleep, eat, breathe, work, hear, and/or see?

To what extent is your disability or impairment corrected by medication or devices?

Is your condition permanent or temporary?

Do you receive SSI or SSDI?

When was the onset of the condition?:

If you do not have a disability, did the housing provider treat you like you had a disability? If yes, please explain.

Did you have a disability in the past that is no longer a disability? If yes, please explain.

Explain how you made your housing provider aware of your disability or impairment. Provide date(s).

Did you request an accommodation for your disability? If yes, please explain.

What was your housing provider's response to your request for an accommodation?

Why do you believe your housing provider responded that way to your request for an accommodation?

If your housing provider did not provide the accommodation, did the housing provider give you a reason?

Did the housing provider offer a different accommodation? If yes, please explain.