

# 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 or require assistance 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](mailto:human.rights@vermont.gov).**

## 1. INFORMATION ABOUT YOU

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

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 choose all that apply.**

Race    Black    White    Asian    Pacific Islander/Hawaiian  
Native American Indian/Alaskan Native    Other (please specify)

Color

National Origin (please specify)

Religion (please specify)

Sex            Male            Female            Nonbinary

Sexual Orientation (please specify)

Gender Identity (please specify)

Marital Status            Married            Single            Divorced            Widowed

Age

Disability            Physical            Developmental            Psychiatric/Emotional

Receipt of public assistance (including housing assistance) (please specify type of assistance)

Presence of minor children

Victim of Domestic Violence

**B. Housing action upon which your complaint is based (choose 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  
Denied reasonable modification for disability  
Given different terms and conditions for rent/sale/loans  
Discriminatory advertising      Retaliation  
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.

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

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Phone number: \_\_\_\_\_

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

Address of the property in question: \_\_\_\_\_

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

- Single family home
- Rental unit in multiple unit building (more than 3 units)
- Rental unit in multiple unit building (3 or less units)
  - 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 provide information about what happened. Include dates the alleged discrimination occurred, names and titles (if applicable) of who discriminated against you, the name of who you reported it to, and action taken (if any). If the discriminatory action is based on a disability please include information including the nature of your disability, the date of your medical diagnosis and nature of your request (e.g. assistance animal, structural modification, etc.):**

**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. I understand that the information provided does not guarantee acceptance of a complaint.**

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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  
Email: [human.rights@vermont.gov](mailto:human.rights@vermont.gov)

## **ADDITIONAL QUESTIONS FOR HOUSING DISCRIMINATION CLAIMS**

**Please answer any or all of the following applicable 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 dates of birth of the child/ren.

Who discriminated against you?

What is their 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 their conduct towards you? If yes, please explain.

## **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.

Updated 07/17