



INTAKE FORM – FAIR HOUSING

This is a complaint of discrimination based on (check all that applies):

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Religion	<input type="checkbox"/> National Origin
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Familial Status	<input type="checkbox"/> Disability	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Sex (gender)	
<input type="checkbox"/> Age (*if alleging age discrimination over 40)	<input type="checkbox"/> Veteran/Military Status		

COMPLAINANT DEMOGRAPHIC INFORMATION

- Name _____
- Mailing Address _____
City, State _____ Zip _____
- Phone Number _____
- When is it a good time for us to call you? Please mention specific date(s) and/or time(s): _____
- Email Address _____
- Date of Birth _____
- Age _____
- Sex _____
- Marital Status: Married Single Separated Single Head of Household
 Other _____
- Race: White Black Asian American Indian Hispanic
 Other _____
- Ethnicity: _____
- Number of persons in household: Adults _____ Children (under 18 years of age) _____

13. Full name, mailing address, email address and phone number of a close friend or relative through whom you can always be reached.

14. How did you learn of/who referred you to the City of Tacoma Human Rights Office?

HOUSING INFORMATION

If more space is needed, attach additional pages and number your answers the same as the following questions.

15. Property Name _____

16. Address _____

City, State _____ Zip _____

17. Phone Number _____

18. Type of Housing _____

19. Name of landlord/manager/management Company _____

20. **Briefly** explain what alleged discriminatory act(s) you experienced.

21. Date of most recent alleged discriminatory act(s) occurred. _____

Who did you talk to? _____

What did they tell you? _____

22. Names of 1-3 witnesses that directly witnessed the alleged discriminatory act(s) & what they saw or heard. (If there were no witnesses, write that down here).

WITNESSES

WHAT THEY SAW OR HEARD

_____	_____
_____	_____
_____	_____

23. Reason(s) you believe why the alleged discriminatory act(s) was committed.

24. Have you been served a notice? Yes No If yes, what kind of notice? _____

25. If you have been served a 10-day notice, what does it allege you have done? _____

26. Do you know of any other person who has been similarly affected by this property/individual?
If so, state names and dates of the alleged discriminatory conduct.

27. Have you ever complained to the property or to a manager/landlord employed by the property about discriminatory acts directed towards you by anyone at the property? Yes No

If yes, to whom? _____

When? _____

28. Has a previous complaint been filed with any other federal, state or local agency? Yes No

29. Have you consulted an Attorney about this matter? Yes No

30. Are you currently represented by an Attorney? Yes No

If yes, give the name of your attorney, the law firm, mailing address and phone number.

I understand that I have the responsibility to provide the Office of Equity and Human Rights with a notice of any change of address or telephone number and with notice of any prolonged absence from any current address so that I can be located when necessary during the investigation of this complaint.

I, the undersigned, do hereby certify that the information hereinabove contained is true and accurate to the best of my knowledge and belief.

Signature of Complainant

Date

City of Tacoma Human Rights Interviewer

Return this form to:

Mail	Email
<p>City of Tacoma Office of Equity and Human Rights Attn: Fair Housing Program Coordinator 747 Market Street, Room 1044 Tacoma, WA 98402</p>	<p>Equity@cityoftacoma.org Subject: Intake Form Fair Housing Program Coordinator</p>