



COLORADO CIVIL RIGHTS DIVISION

Housing Complaint Intake Packet

If you would like to be provided with a Complaint Intake Packet in Spanish, please let us know.
Si usted prefiere llenar este formulario en Español, llame al número principal.

If you are an individual with a disability and require an accommodation in order to access the Division's services, please call [303-894-2997](tel:303-894-2997) or [800-262-4845](tel:800-262-4845) (voice) 711 - Relay; send an email message to dora_CCRD@state.co.us or request one in person at one of the Division's offices.



Certified ASL Interpreter Available at No Cost Upon Request.

Check here if you would like us to obtain: _____

Submit Completed Complaint Forms to:

Colorado Civil Rights Division
1560 Broadway, Suite 1050, Denver, CO 80202-5143
303-894-2997, 711-Relay, 303-894-7830 (fax)
800-262-4845 (toll free)

www.dora.colorado.gov/crd;
dora_ccrd@state.co.us

To start, please review the Description of the Colorado Civil Rights Division Complaint Intake Process:

PLEASE TYPE OR WRITE USING BLACK INK

You **MUST** Submit Form I, Form II and Form III (if Form III applies); those forms are listed below:

1. Form I (Housing Intake Questionnaire)
2. Form II (Statement of Discrimination)

And, if you are filing a Disability complaint, you must also submit:

3. Form III (Disability Questionnaire)

IMPORTANT NOTICE: Submittal of these forms DOES NOT constitute the filing of a Charge/Complaint of Discrimination. Several additional steps must be taken after the filing of your Complaint Intake Packet, and thus it is vital that you submit this initial documentation well before the deadline required by the law.

Description of Complaint Intake Process

Jurisdiction

The Colorado Civil Rights Division handles **housing** complaints in which discrimination has allegedly occurred on the basis of one or more of the following:

Sex	Race	Color
National Origin	Ancestry	Creed
Religion	Disability	Marital Status
Familial Status (children under the age of 18 in the household)	Sexual Orientation (including Transgender status)	Retaliation (for opposing a discriminatory practice)

Time Limits

In **housing complaints**, you must file your formal Complaint/Charge within **ONE (1) YEAR** of the date that you are alleging you experienced discrimination based on one of the above protected classes.

(Filing of the complaint intake packet does not constitute filing of the formal Complaint/Charge, therefore remember to submit the complaint intake packet **well before the ONE (1) YEAR time limit**, to allow time for the Charge to be drafted, signed, and returned to the Division).

Your Responsibilities and Rights as a Complainant

1. You must call the Division to update your contact information when it changes. The Division is not responsible for lost mailings. Further, if you cannot be contacted, your case may be placed on hold and jurisdiction may lapse. It is in your best interest to ensure that the Division knows how to contact you.
2. You must cooperate with the investigation. Failure to cooperate or provide timely responses to requests for information or questions may result in a decision issued against your interest.
3. You must read all of the information in this packet and provide all of the required documentation.

What Happens Now?

The Division's process has many steps and there are several options for you to choose while pursue your complaint. Please read all of the following information thoroughly.

Step 1: The Intake Process

If your documentation is complete, the Division will assign your complaint to an Intake Specialist. The Intake Specialist will contact you to speak with you about your complaint. The Intake Specialist will then draft a Charge/Complaint of Discrimination and send it to you for your signature. Only when the Charge has been returned to the Division with your signature will your case be considered "filed" as a formal Charge/Complaint of Discrimination. Until this point, your complaint remains subject to the **ONE YEAR filing deadline**.

Step 2: Signing and Returning the Complaint of Discrimination

Once you have signed and returned the formal Complaint/Charge, your complaint is filed and the Intake Specialist will "serve" the Respondent with the Charge/Complaint, your Statement of Discrimination, and a Request for Information from the Division. Once the Respondent is served, your case will be assigned to an Investigator.

Step 3: Optional Mediation

If requested by either party, a Division mediator will attempt to schedule a mediation or settlement conference. This meeting is a voluntary informal meeting held between the parties by a Division mediator, and is an opportunity to resolve your complaint before an investigation is undertaken. For this step to occur, both you and the Respondent must agree to mediation within a reasonable amount of time. If the mediation is successful, a settlement agreement between you and the Respondent will be signed. If mediation is not scheduled or is unsuccessful, an investigation will be conducted.

Step 4: Reviewing the Respondent's Evidence and Drafting a Rebuttal

After the Respondent has provided a response (called a "position statement") to the Request for Information, the position statement will be sent to you. The position statement is a narrative that responds to your allegations of discrimination. Please note that the Respondent may have submitted additional evidence, such as exhibits, that are not included with what the Division has sent to you. You may view all of the evidence, but must arrange to do so with the Investigator assigned to the case. Copying charges will be assessed for any copies made. You may also appear in person to view the file at any time during the investigation.

Once you have received the Respondent's position statement, you may, but are not required to, draft and submit a "rebuttal statement" responding to the statement and the evidence. This may also be your last chance to provide additional evidence, which should be attached to your rebuttal statement when it is sent to the Investigator. You must submit this statement within ten (10) days of receiving the Respondent's position statement.

The Investigator will also obtain other relevant information and/or documents from third parties during the investigation.

Step 5: Determination

Unless the Investigator has further questions, your next contact with the Division will be a Letter of Determination. This Determination is the Director's, or the Director's designee's, decision regarding your complaint. There are two potential outcomes:

- a) *No Probable Cause*: This is a decision **not in** your favor.
- b) *Probable Cause*: This is a decision **in** your favor.

No Probable Cause Determination: If you receive a *No Probable Cause* Determination, you will have ten (10) days within which to file an appeal with the Colorado Civil Rights Commission. Your appeal must include new or additional information not previously available during the course of the investigation. At the time of the issuance of a *No Probable Cause* Determination, you will be provided with further information about the appeal process. If you do not file an appeal, your Charge will be dismissed.

Probable Cause Conciliation: If a *Probable Cause* Determination is issued, you must participate in mandatory conciliation attempts with the Respondent(s) and a mediator provided by the Division. Conciliation is an attempt to resolve your complaint by way of settlement. If your complaint is not settled, it will be referred to the Colorado Civil Rights Commission for review and set for public hearing.

At any point in the process, you may choose to file a lawsuit in district court with the services of your own attorney. You have two (2) years to file from the date of the alleged discriminatory act, not including any time your Complaint was being processed with the Division.

Frequently Asked Questions

Q. I believe that I have been discriminated against but my complaint does not fall under any of your categories. What can I do?

A. *In this case, you may contact the Division before filling out any of the paperwork and we will inform you whether we have jurisdiction over your complaint. If we believe that we do not, we will make our best attempt to refer you to the correct resource.*

Q. What does "sexual orientation" mean concerning the Colorado Anti-Discrimination Act?

A. *"Sexual orientation" means heterosexuality, homosexuality (lesbian or gay), bisexuality, and transgender (which means having a gender identity or gender expression that differs from societal expectations, based on gender assigned at birth). The Colorado Anti-Discrimination Act has been expanded to include prohibition for acts of discrimination against a person based upon that person's sexual orientation to the list of protected classes in the area of employment, housing, and public accommodations.*

Q. How long will it take to process my complaint?

A. *The Division's process can be lengthy and requires patience from you. From beginning to end, it can take from six months to a year, or more. You have the right to be notified when our jurisdiction on your case will cease. You also have the responsibility to keep track of the age of your case. You may initiate a motion for extension of time to preserve the Division's jurisdiction, which the staff will file.*

Q. Will the Division act as my attorney?

A. *The Division is a neutral, third-party, state agency that conducts investigations, mediations and conciliations. It does not and cannot represent you in a legal action. If you wish to be represented, you may contact an attorney.*

Q. Do I need an attorney?

A. *An attorney is not required to file a complaint with the Division. Unrepresented Complainants (i.e. those without attorneys) are treated the same as those with attorneys. However, retaining an attorney may still be an advantage to you in analyzing evidence presented to you by the Division, in providing your own evidence or written statement, and advising you as to all recourses available to you.*

Q. I have decided that I do not wish to continue with your process and want to file in court directly. May I just retain an attorney and file a lawsuit?

A. *Yes, if you are alleging housing discrimination, you may file directly in court. You have two (2) years to file from the date of the alleged discriminatory act, not including any time your Complaint was being processed by the Division.*

Q. When can I come in for an interview? I want to speak with someone personally.

A. *To shorten the process for drafting and filing Charges of Discrimination, the Civil Rights Division has implemented an in-person intake process for filing discrimination claims. Now, when someone first contacts our office to claim discrimination, the Division schedules an initial consultation between the person filing the Charge of Discrimination (Charging Party) and an Investigator. This consultation can be scheduled by calling 303-894-2997 or emailing dora_CCRD@state.co.us. After scheduling the consultation, the Division mails the Charging Party a cover letter explaining the process in more detail, as well as an intake packet in order to obtain relevant information. (Attorneys are welcome to attend the meeting as well, although an attorney is not required.) Alternatively, the Charging Party may walk-in to the office without an appointment on Tuesdays between 8:30 a.m. and 2:30 p.m. At the scheduled consultation, or walk-in, the Charging Party and the Investigator meet to discuss the claim and relevant information. The Investigator drafts a Charge of Discrimination for the Charging Party's review and signature.*

Q. I want to make an offer to settle my case. Do I need to contact the Respondent(s) myself?

A. *While you are free to interact with the Respondent(s) as you wish, the Division offers "mediation" at the onset of the investigation, during which an attempt to settle your case is made. Both parties must be willing to engage in the mediation process, as it is not mandatory. If your case has already been assigned to an Investigator, you may contact him or her to convey settlement offers.*

Q. Is the information that I send to you kept confidential?

A. *Partially. The Division will not divulge any of the information it receives from you or the Respondent(s) to the public. However, the Respondent(s) may view or may be sent some or all of the information or documentation that you provide during the course of the investigation. Conversely, you are entitled to view any evidence or documentation that the Respondent(s) provide as part of their response. Unlike some other investigations, the Division's process is transparent as applied to you and the Respondent(s), thus your documentation may not be withheld or kept "secret." If a case is set for Hearing by the Commission, the information in the case may at that time be disclosed to the public.*

Q. The Respondent(s) are contacting me! Are they allowed to do this?

A. *Filing a charge/claim with the Division does not preclude the Respondent(s) from contacting you unless such contact is otherwise unlawful. You may ask the Respondent to cease contacting you, or if you are represented by an attorney, you may ask that the Respondent(s) contact your attorney exclusively.*

Q. The deadline for the Respondent(s) to provide a response has passed. What happens now?

A. Oftentimes, extensions for submission of evidence or the position statement will be granted, and notice of such extensions may not be relayed to you immediately. If you have questions about the status of your case, you may contact the Division or the Investigator assigned to your case.

Q. I have witnesses to the discriminatory actions that the Respondent(s) took against me. What can I do? What if they do not wish to speak with you?

A. You may provide us with the witness contact information on the appropriate form (which is provided in this Intake Packet) and the Division will make its best efforts to contact the witness(es) if that person has relevant information. However, your best chance of having witness information included in the file is to have the witness draft a statement, sign and date it, and submit it to us.

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Form I: Housing Intake Questionnaire

Colorado Civil Rights Division
 1560 Broadway, Suite 1050, Denver, CO 80202-5143
 303-894-2997, 711-Relay, 303-894-7830 (fax)
 800-262-4845 (toll free)

www.dora.colorado.gov/crd;
dora_ccrd@state.co.us

Bilingual staff available (Spanish/English)

If you are an individual with a disability and require an accommodation in order to access the Division's services, please

call [303-894-2997](tel:303-894-2997) or [800-262-4845](tel:800-262-4845) (voice) 711 - Relay, send an e-mail message to dora_CCRD@state.co.us or request one in person at one of the Division's offices.

MEDIATION: *Do you have an interest in mediation of this matter? If so, the Division will contact the Respondent to determine if it is interested in mediating and, if it agrees, the Division will contact you to schedule mediation.*

___ YES ___ NO (CHECK THE LINE THAT APPLIES)

Who or which entity referred you to the Colorado Civil Rights Division? _____

Please complete this form as fully as possible. You must provide all of the following information in this intake packet in order for your claim to be processed. Print out completed intake packet, sign in all indicated places and submit original.

Your Information (Complainant/Charging Party):

Name					
Address					
City		State		Zip Code	
Phone(s) Home	(include area code)		Work	(include area code)	
Cell	(include area code)		Fax	(include area code)	
Email					

Have you hired/retained an attorney to represent you in this matter?

Yes No

If "Yes", please identify the attorney below and have him/her provide the Division with an "Entry of Appearance".

Name					
Firm					
Firm Address					
City/State/Zip					
Phone	(include area code)				

CONTACT PERSON in case of emergency. Please provide the name of an individual at a different address, who is in the local area, and who knows how to reach you.

Name					
Address					
City		State		Zip Code	
Home Phone	(include area code)		Work Phone	(include area code)	
Cell	(include area code)		Fax	(include area code)	
Email					

ADDRESS OF HOUSING OR PROPERTY WHERE THE PROBLEM OCCURRED:

Name of Property:	
Address:	
City, State, Zip Code:	
County:	
Phone Number:	(include area code)
Type of Housing (i.e., apartment, single family): and the number of units:	Number of Units:

PROPERTY OWNER INFORMATION (if known):

Name					
Address					
City		State		Zip Code	
Phone(s) Home:	(include area code)		Work	(include area code)	

Have you already filed with the Office of Housing and Urban Development (HUD)?

Yes	No
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Have you already filed in Court?

Yes	No
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How did you learn about the filing a housing discrimination complaint? _____

How did you learn about the Colorado Civil Rights Division? _____

WHAT IS YOUR RACE? Mark box at the **LEFT** for all that apply:

<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Hawaiian or Pacific Islander
<input type="checkbox"/>	Asian	<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Other, identify your race:

WHAT IS YOUR NATIONAL ORIGIN? Mark box at the **LEFT**:

<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Not Hispanic or Latino
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OTHER MEMBERS OF THE FAMILY WHO ARE LIVING WITH YOU:

Name	Date of Birth (mm/yyyy only)	Sex: Male or Female

NAME OF PERSON AND/OR COMPANY WHO DISCRIMINATED AGAINST YOU:

1. Name of Company or Name and Title of Person				
Address				
City		State		Zip Code
Phone(s) Home	(include area code)	Work	(include area code)	
Email				
2. Name of Company or Name and Title of Person				
Address				
City		State		Zip Code
Phone(s) Home	(include area code)	Work	(include area code)	
Email				
3. Name of Company or Name and Title of Person				
Address				
City		State		Zip Code
Phone(s) Home	(include area code)	Work	(include area code)	
Email				

WHAT HAPPENED TO YOU THAT WAS DISCRIMINATORY? Mark the box at the **LEFT** for all that apply:

<input type="checkbox"/>	Refusal to provide reasonable accommodation/modification	<input type="checkbox"/>	Failure to show / rent / lease / sell
<input type="checkbox"/>	Design and construction	<input type="checkbox"/>	Failure to lend
<input type="checkbox"/>	Terms / conditions / benefits / privileges	<input type="checkbox"/>	Eviction
<input type="checkbox"/>	Harassment	<input type="checkbox"/>	Otherwise make housing unavailable
<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/>	Other (describe):

▶ LAST DATE OF ALLEGED DISCRIMINATION (month, day, and year): _____

WHY DO YOU BELIEVE THE RESPONDENT(S) DISCRIMINATED AGAINST YOU (BASIS)?
(Mark the box for all that apply)

<input type="checkbox"/>	Race (Identify):	<input type="checkbox"/>	Familial Status
<input type="checkbox"/>	National Origin/Ancestry (Identify):	<input type="checkbox"/>	Religion (Identify):
<input type="checkbox"/>	Color (Identify):	<input type="checkbox"/>	Creed (Identify):
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Marital Status (Identify):
<input type="checkbox"/>	<input type="checkbox"/> Mental	<input type="checkbox"/>	Sex
<input type="checkbox"/>	<input type="checkbox"/> Physical	<input type="checkbox"/>	<input type="checkbox"/> Male
<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/> Female
<input type="checkbox"/>	<input type="checkbox"/> Transgender	<input type="checkbox"/>	<input type="checkbox"/> Pregnant

Retaliation

IMPORTANT: “Retaliation” is when a Respondent takes adverse action against you because you, or any group with which you are affiliated because you have:

1. Opposed unlawful discrimination. *Opposing unlawful discrimination* includes activities such as complaining of harassment, objecting to unlawful discrimination, or opposing unlawful discrimination based on your or another person’s protected class as defined in the applicable Colorado civil rights statutes (see box on page 2 of this document);

OR,

2. Participated in a civil rights investigation proceeding. *Participating in a civil rights investigation proceeding* includes testifying as a witness in a civil rights-related investigation or trial, or filing a complaint of discrimination with your housing provider or with an agency such as the Colorado Civil Rights Division.

- Having read the above explanation, were you retaliated against by the Respondent within the last YEAR? Yes ___ No ___

- Did you oppose unlawful discrimination or participate in a discrimination proceeding within the last YEAR? Yes ___ No ___

If “Yes”, what *discrimination proceeding* have you already participated in?

Name of Discrimination Proceeding: _____

- Did you ever complain of discriminatory treatment? Yes ___ No ___

If “Yes”, (1) to whom did you complain? and, (2) when? and, (3) what was done?

(1) To whom: _____

(2) When: _____

(3) What was done, if anything?

Witness Information

Please provide the names of any witnesses who can provide information regarding your specific claims of discrimination. While the Colorado Civil Rights Division will make its best effort to contact witnesses who have relevant testimony, please be aware that the best way to ensure that witness statements will be included in your file is to have each witness submit a written (preferably notarized) statement. *If you require more room, you may attach a sheet to this form. If you decide to submit additional sheets of paper regarding Witnesses, please identify them in the same manner as below.*

Witness 1:

Name				
Address				
City		State		Zip Code
Home Phone	(include area code)	Work Phone	(include area code)	
Cell Phone	(include area code)	Fax	(include area code)	
Email				
<u>What can this witness tell us?</u>				

Witness 2:

Name				
Address				
City		State		Zip Code
Home Phone	(include area code)	Work Phone	(include area code)	
Cell Phone	(include area code)	Fax	(include area code)	
Email				
<u>What can this witness tell us?</u>				

Witness 3:

Name				
Address				
City		State		Zip Code
Home Phone	(include area code)	Work Phone	(include area code)	
Cell Phone	(include area code)	Fax	(include area code)	
Email				
<u>What can this witness tell us?</u>				

SPECIFICALLY, WHAT WOULD YOU WANT THE RESPONDENT(S) TO DO IN ORDER TO RESOLVE THIS COMPLAINT?

Form II: Statement of Discrimination

Colorado Civil Rights Division, Attn: Intake Unit
1560 Broadway, Suite 1050, Denver, CO 80202-5143
303-894-2997, 711- Relay, 303-894-7830 (fax)
800-262-4845 (toll free)

www.dora.colorado.gov/crd;
dora_ccrd@state.co.us

Instructions: On the following page, draft a statement chronologically (timeline of events with dates) detailing the incidents that provide the basis for your complaint of civil rights discrimination. Answer the questions below and provide detailed information on why you believe that you have been discriminated against by the housing provider.

Your statement must be signed and dated and you may choose to have it notarized.

For each incident, provide the following information:

1. Full Name and Job Title of the individuals involved;
2. Date (including month, day and year); and,
3. Why you think the incident or action taken was discriminatory (e.g. "This incident shows that I was evicted because of my national origin").

Additionally, if relevant, answer the following questions completely and honestly:

4. Did you ever complain of discriminatory treatment? If yes, to whom and when. What was done, if anything?
5. Was anyone treated more favorably than you? Who? Provide information related to their protected classes (e.g. if you are alleging race discrimination, what is the person's race? If national origin discrimination, what was the person's national origin?).
6. Provide detailed information on why you believe that you have been discriminated against. For example, if you indicated race discrimination as well as retaliation in the Housing Intake Questionnaire, you must explain in your statement why you did so.

Statement of Discrimination and Response to Relevant Questions (which are asked in the immediately preceding section). Use additional paper if necessary:

SIGNATURE [Form II: Statement of Discrimination]

Signature: _____
Primary Complainant /Charging Party

Date_____

Signature: _____
Secondary Complainant /Charging Party

Date_____

IMPORTANT NOTICE: Submittal of these forms DOES NOT constitute filing a Charge / Complaint of Discrimination. Several additional steps must be taken and thus it is vital that you submit this initial documentation well before the deadline required by law.

Print out completed Intake Packet, sign in all indicated places and submit original.

Form III: Disability Questionnaire

Colorado Civil Rights Division, Attn: Intake Unit
 1560 Broadway, Suite 1050, Denver, CO 80202-5143
 303-894-2997, 711- Relay, 303-894-7830 (fax)
 800-262-4845 (toll free)

www.dora.colorado.gov/crd;
dora_ccrd@state.co.us

IMPORTANT: If you are alleging that you have a perceived or actual disability, please **Complete** this Questionnaire and **Sign** the last page.

Your Name			
Type of Impairment (explain):			
Healthcare Provider's Diagnosis:			
Is your impairment:	Yes	No	
❖ Permanent/Long Term?			
❖ Temporary/Short Term?			
❖ Undetermined?			

WHAT MAJOR LIFE ACTIVITY(IES) IS/ARE SUBSTANTIALLY LIMITED BY YOUR IMPAIRMENT, OR, IF YOU HAVE A PERCEIVED DISABILITY, WHAT MAJOR LIFE ACTIVITY(IES) DO OTHERS BELIEVE YOUR DISABILITY AFFECTS? (Mark the box for all that apply)

<input type="checkbox"/>	<input type="checkbox"/>
Seeing	Learning
<input type="checkbox"/>	<input type="checkbox"/>
Hearing	Working
<input type="checkbox"/>	<input type="checkbox"/>
Speaking	Lifting
<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	Breathing
<input type="checkbox"/>	<input type="checkbox"/>
Walking	Caring for yourself
<input type="checkbox"/>	<input type="checkbox"/>
Performing Manual Tasks	Bending
<input type="checkbox"/>	<input type="checkbox"/>
Reading	Thinking
<input type="checkbox"/>	<input type="checkbox"/>
Communicating	Concentrating
<input type="checkbox"/>	<input type="checkbox"/>
The operation of a bodily function	Other: explain

STATE ANY HELPFUL MEASURES TO ELIMINATE OR CONTROL SYMPTOMS OR LIMITATIONS OF YOUR IMPAIRMENT(S), SUCH AS MEDICATION, ASSISTIVE DEVICES, EXERCISE, *etc.*

--

IMPORTANT: Within 2 months of filing this form, you must provide a copy of:

1. YOUR HEALTHCARE PROVIDER'S DIAGNOSIS OF YOUR CONDITION(S);
2. YOUR HEALTHCARE PROVIDER'S STATEMENT AS TO HOW THIS CONDITION AFFECTS ANY MAJOR LIFE ACTIVITY;
3. YOUR HEALTHCARE PROVIDER'S ASSESSMENT OF WHETHER THE IMPAIRMENT IS PERMANENT; and,
4. YOUR HEALTHCARE PROVIDER'S ASSESSMENT OF WORK RESTRICTIONS THAT MAY BE REQUIRED BECAUSE OF YOUR DISABILITY.

Healthcare Provider:

Name				
Address				
City		State		Zip Code
Phone(s) Office	(include area code)	Fax	(include area code)	
Email				

Healthcare Provider:

Name				
Address				
City		State		Zip Code
Phone (s) Office	(include area code)	Fax	(include area code)	
Email				

IS THE HOUSING PROVIDER IN THIS COMPLAINT AWARE OF YOUR IMPAIRMENT?

Yes	No
-----	----

How was the housing provider made aware of your impairment?

--

DOES THE HOUSING PROVIDER HAVE A RECORD OF YOUR IMPAIRMENT?

Yes	No
-----	----

What date(s) did you provide this employer with this record(s)? _____

What types of records were provided? _____

DID YOU EVER ASK THE HOUSING PROVIDER FOR AN "ACCOMMODATION" FOR YOUR DISABILITY SO THAT YOU COULD RESIDE AT THE SUBJECT PROPERTY?

Yes	No
-----	----

If "Yes",

Who did you ask? Name(s) and job title(s):

What date(s) did you make your request?

What type of accommodation did you request?

What was the name of the person who responded to your request?

Date responded to request:

What was the housing provider's response to the request and was an accommodation provided?

--

Were you asked questions by the housing provider about your impairment?
If "Yes",

Yes	No
-----	----

What were you asked?

SIGNATURE [Form III: Disability Questionnaire]

Signature: _____
Primary Complainant /Charging Party

Date _____

Signature: _____
Secondary Complainant /Charging Party

Date _____

Print out completed Intake Packet, sign in all indicated places and submit original.

