



PRE-COMPLAINT QUESTIONNAIRE - HOUSING

The information requested on this form will assist the Community Relations Office in helping you. There is no guarantee that the information submitted will result in an investigation. Please check or answer only those questions that apply.
 (Attach additional sheets if necessary, and identify the question being answered.)

PLEASE PRINT

Date:	Full Name: (First-Middle-Last)	Primary E-Mail Address:
Present Address (Street, Apt. Number)	City	State & ZIP Code
I prefer to be contacted by telephone at: <input type="checkbox"/> Work <input type="checkbox"/> Primary/Home Time:	Work Phone Number	Primary/Home Phone Number
Marital Status:	If married, Spouses Name:	
Full Name of a person who would know how to reach you:	Relationship	Telephone Number
Address:	City	State & ZIP Code
I wish to complain against: (full name of the person and/or entity)		
Address	City	State & ZIP Code
Relationship	Telephone Number	
Indicate whether each person or entity named above is a:		
<input type="checkbox"/> Broker	<input type="checkbox"/> Building Manager or Superintendent	<input type="checkbox"/> Sales Person
<input type="checkbox"/> Bank or other lender	<input type="checkbox"/> Other (specify)	

QUESTIONNAIRE:

1. Do you have children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do they reside with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please state their names and ages:					
Full Name:				Age:	
Full Name:				Age:	
Full Name:				Age:	
Full Name:				Age:	
2. Are you currently employed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Place of Employment:			Salary: \$	Per:	
Title:	How long have you been employed there?		From	To:	
3. Previous place of employment:					
Place of Employment:			Salary: \$	Per:	
Title:	How long have you been employed there?		From	To:	

4. Is your spouse employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Place of Employment:		Salary: \$	Per:
Title:	How long have you been employed there?	From	To:

5. What is the total family income?	\$
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6. What action was taken against you that you believe to be discriminatory?		
<input type="checkbox"/> Refusal to Rent	<input type="checkbox"/> Refusal to Sell	<input type="checkbox"/> Refusal to Show Property
<input type="checkbox"/> Refusal to Negotiate	<input type="checkbox"/> Advertising	<input type="checkbox"/> Steering
<input type="checkbox"/> Use of Listing	<input type="checkbox"/> Terms and Conditions of Rental	<input type="checkbox"/> Terms and Conditions of Sale
<input type="checkbox"/> Terms and Conditions of Financing	<input type="checkbox"/> Terms and Conditions of Broker Services	<input type="checkbox"/> Limitations on Occupancy
<input type="checkbox"/> False Denial that Property was Available	<input type="checkbox"/> Creating Alarm About a "Changing Neighborhood"	
<input type="checkbox"/> Other (specify)		

7. The City of Champaign, Community Relations Office, only has jurisdiction over these categories listed below. By law, no other category can be investigated. Please check which category(ies), if any, apply(ies) to your situation.
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<input type="checkbox"/> Age	<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Family Responsibilities	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Matriculation
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Personal Appearance	<input type="checkbox"/> Political Affiliation	<input type="checkbox"/> Prior Arrest or Conviction Record	<input type="checkbox"/> Source of Income	<input type="checkbox"/> Sex
<input type="checkbox"/> Physical or Mental Disability (Please specify):	<input type="checkbox"/> National Origin or Ancestry (Please specify):	<input type="checkbox"/> Religion (Please specify):	<input type="checkbox"/> RACE (Please specify):		

<input type="checkbox"/> Retaliation – for having assisted in an investigation of discrimination or for openly opposing unlawful discrimination based upon any of categories listed above.
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If you checked physical or mental disability(s), please explain how the Respondent t became aware of your disability(s).

8. On what date(s) did the action(s) of which you are complaining take place? (month/date/year)
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9. What kind of house or property was involved?
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<input type="checkbox"/> Single Family House	<input type="checkbox"/> A House or Building for 2, 3, 4 or 5 families	<input type="checkbox"/> A Building for Six (6) families or more
<input type="checkbox"/> Other, including mobile home parks, commercial space or vacant land (please explain in detail below):		

<input type="checkbox"/> Is the federal or state subsidy involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Does the owner live on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

10. Address of house or property:			
Address	City	State & ZIP Code	
Is the property still available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

11. How did you learn about this property?

12. Specifically, what happened, beginning with the time you first learned about the property?

13. Were you told the reasons for the actions of which you are complaining?

Yes

No

If yes, explain:

What do you think the reasons are?

14. Please give the names, addresses and telephone numbers of persons who can give statements in your behalf concerning the above actions.

Full Name: (First-Middle-Last)

Present Address (Street, Apt. Number)

City

State & ZIP Code

He/She prefer to be contacted by telephone at:

Work Home Time:

Work Phone Number

Home Phone Number

Full Name: (First-Middle-Last)

Present Address (Street, Apt. Number)

City

State & ZIP Code

He/She prefer to be contacted by telephone at:

Work Home Time:

Work Phone Number

Home Phone Number

15. Do you have copies of any written documents regarding the above person(s) and action(s)?

Yes

No

16. Did you have any telephone conversation(s) regarding the above action(s)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was anyone with you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give name, address and telephone number of such person(s)				
Full Name: (First-Middle-Last)				
Present Address (Street, Apt. Number)	City	State & ZIP Code		
He/She prefer to be contacted by telephone at: <input type="checkbox"/> Work <input type="checkbox"/> Home Time:	Work Phone Number	Home Phone Number		
Full Name: (First-Middle-Last)				
Present Address (Street, Apt. Number)	City	State & ZIP Code		
He/She prefer to be contacted by telephone at: <input type="checkbox"/> Work <input type="checkbox"/> Home Time:	Work Phone Number	Home Phone Number		
17. Do you know of any advertisements regarding the property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you have copy of advertisement?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
List source of advertisements:				
18. Did you fill out an application or other written document regarding the property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you have a copy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Explain anything you were told about your application:				
20. Were you asked for a deposit?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, did you place a deposit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Amount: \$	
If yes, do you have a receipt?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Do you know anything about other persons who have lived in, or owned, this property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:				
22. Do you know anything about other persons who have applied to rent or buy this property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:				

23. Did you suffer any damages – monetary, mental anguish, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
24. What type of relief are you seeking?		
25. If an agreement ca be reached, would you still want to rent (or buy) the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Have you applied recently to rent (or buy) any other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Do you have a Section 8 Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CREDIT

1. Were you asked for credit information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Do you have credit references?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Was a report from a credit bureau obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Was employment, or length of employment verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Was income verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. How long have you lived at your present address?	Date:	Current Rental:	
7. How long did you live at your previous address	From:	Till:	
8. Was your residence verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Have you ever filed bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Have you ever had a garnishment, attachment, foreclosure, repossession or judgment for unpaid bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, explain:			
11. Do you have unpaid bills or obligations? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Creditor:	Amount:	Creditor:	Amount:



COMMUNITY RELATIONS OFFICE - COMPLAINT PROCEDURE

You have contacted the City of Champaign Community Relations Office to seek help concerning discrimination in employment, housing and/or public accommodations. We will contact you and set up an appointment to meet with you within three days upon receipt of this form. We will ask you many questions about what happened to you and about how others were treated, and will ask you about dates, the size of the organization with which you had trouble, and other matters. What you tell us is **IMPORTANT**.

First, we will have to establish whether we believe that the law permits us to work on your problem; that is, we must try to find out whether we have **JURISDICTION** under the law. Second, we must learn from your facts which will be useful in our investigation.

If it happens that what you tell us leads us to believe that we cannot help you because we do not have **JURISDICTION**, we will explain that to you and tell you why. If it happens that what you tell us leads us to believe that there is only a very slight chance that we will be able to help you or that is unlikely that the organization which you wish to charge has violated the law, we will explain that to you and tell you why.

However, if it should happen that we counsel you that we do not believe that we have jurisdiction or that it appears unlikely that we can help you or that the organization has violated the law, based on what you tell us, **YOU MAY NONETHELESS, FILE A CHARGE WITH US. THAT IS YOUR DECISION TO MAKE.** It is possible that your filing charge will result in it being dismissed because we do not have jurisdiction or because it is determined that the law has not been violated.

I have read and understand the questionnaire and procedures. I certify that the information provided herein is the truth to the best of my knowledge.

Complainant's Signature

Date

MAIL OR FAX COMPLETE FORM TO: COMMUNITY RELATIONS OFFICE
CITY OF CHAMPAIGN
102 NORTH NEIL STREET
CHAMPAIGN, IL 61820
TELEPHONE: (217) 403-8830
FAX: (217) 403-8835
E-MAIL: CommunityRelations@champaignil.gov
VISIT OUR WEBSITE: www.champaignil.gov

FOR OFFICIAL USE ONLY:

Case Number:			HOUSING
Intake by:	Intake Date and Time:	Interviewer:	Interview Date and Time:
Out of Jurisdiction Forward to:			
NOTES:			