

The information requested on this form will help us to help you. There is no guarantee that the information submitted will constitute a basis for filing a formal complaint. Please check or answer **all** questions that apply.

| | | | | | | |
|---|-------------------|-----------------------|------------------------------------|--|---|----------|
| Name (First, Middle, Last) | | | Date of Birth | | Age | |
| Address | | Apt # | City | | State | ZIP Code |
| Home Telephone Number | Cell Phone Number | Work Telephone Number | Extension | | Preferred Contact Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | |
| Email Address | | | | | | |
| Consent to Receiving Correspondence Exclusively at this Email Address <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Contact if You Cannot Be Reached | | | Alternate Contact Telephone Number | | | |

List Other Adults Who Sought the Housing with You

| Name | Date of Birth | Age | Home Telephone Number | Work Telephone Number |
|------|---------------|-----|-----------------------|-----------------------|
| | | | | |
| | | | | |

List Children under Age 18 Who Sought the Housing with You

| Name | Date of Birth | Age | Name | Date of Birth | Age |
|------|---------------|-----|------|---------------|-----|
| | | | | | |
| | | | | | |

| | | | | | |
|---|---|---|---|------------------|-----------------------------|
| Complaint Against (Check ALL that apply) | | | | | |
| <input type="checkbox"/> Developer | <input type="checkbox"/> Management Company | <input type="checkbox"/> Owner | <input type="checkbox"/> Other - Specify: _____ | | |
| <input type="checkbox"/> Lending Institution | <input type="checkbox"/> Manager | <input type="checkbox"/> Real Estate Agent/Broker | _____ | | |
| Name | | Title | | Telephone Number | |
| Address | | City | | State | ZIP Code |
| Other | | | | Telephone Number | |
| Address | | City | | State | ZIP Code |
| Type of Property <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment <input type="checkbox"/> Other - Specify: _____ | | | | | Number of Units at Location |
| Name of Property | | | | | |
| Address | | City | | State | ZIP Code |

Reason You Were Discriminated Against: (Check ALL that apply)

| | |
|--|--|
| <input type="checkbox"/> Age - Date of Birth: _____ | <input type="checkbox"/> National Origin - Specify: _____ |
| <input type="checkbox"/> Color - Specify: _____ | <input type="checkbox"/> Race - Specify: _____ |
| <input type="checkbox"/> Disability ¹ Specify: _____ | <input type="checkbox"/> Receipt of Public Assistance - Specify: _____ |
| <input type="checkbox"/> Family Status: <input type="checkbox"/> Children under Age 18 <input type="checkbox"/> Pregnant | <input type="checkbox"/> Religion - Specify: _____ |
| <input type="checkbox"/> Securing Custody of Children under Age 18 | <input type="checkbox"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Marital Status - Check one: | <input type="checkbox"/> Sex Stereotyping <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single | <input type="checkbox"/> Victim of Domestic Violence ² |

1 If you feel you have been discriminated against because of your disability, please provide documentation/verification of your disability.
2 An applicant for or tenant of housing that is part of a state housing program may not be denied admission to, denied assistance under, terminated from participating in, or evicted from housing on the basis that the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy.

Type of Discriminatory Action

| | | |
|--|---|--|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Non-Renewal | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Constructive Eviction | <input type="checkbox"/> Refusal to Make Reasonable Accommodation | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Discrimination in Financing | <input type="checkbox"/> Refusal to Permit Reasonable Modification | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Discriminatory Advertising | <input type="checkbox"/> Refusal to Rent | <input type="checkbox"/> Terms or Conditions of Rental |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Refusal to Sell | <input type="checkbox"/> Terms or Conditions of Sale |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Refusal to Show (Falsely denying availability) | <input type="checkbox"/> Other - Specify: _____ |

Refused to Show, Rental/Lease Denied, or Sales/Finance Denied

Yes - Complete questions below No

Indicate How You First Learned of the Vacancy

| | |
|--|------|
| <input type="checkbox"/> Newspaper - Specify Newspaper and enclose copy of advertisement, if possible: _____ | Date |
| <input type="checkbox"/> Posted Sign <input type="checkbox"/> Friend <input type="checkbox"/> Rental Agency - Specify: _____ | |
| <input type="checkbox"/> Tenant <input type="checkbox"/> Other - Specify: _____ | |

| | | | |
|--|---------------------------|---------------------|--------------------|
| Application Completed <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, Give Reason | Date Applied | Date Denied |
|--|---------------------------|---------------------|--------------------|

Reason Given for Denial

| | |
|---------------------------------------|--------------|
| Name of Person Who Made Denial | Title |
|---------------------------------------|--------------|

| | |
|--|---|
| Contract/Lease Signed <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Specify Type (Attach copy if possible) |
|--|---|

Evicted

Yes - Complete questions below and attach notices No

| | | | | |
|-------------------------------|--------------------------------|---|-----------------------|-------------------|
| Date of Initial Notice | Date Required to Vacate | Served a Notice of Unlawful Detainer <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Notice | Court Date |
|-------------------------------|--------------------------------|---|-----------------------|-------------------|

Describe the Reason You Were Given for Eviction - Attach additional sheets if necessary

Know of Others Who Have Been Evicted

Yes - List Below No

| Name | Home Telephone Number | Work Telephone Number |
|------|-----------------------|-----------------------|
| | | |
| | | |

List Witnesses Who Can Provide Evidence in Your Support

| Name | Home Telephone Number | Work Telephone Number |
|------|-----------------------|-----------------------|
| | | |
| | | |

Describe How You Were Treated Differently from Other Tenants/Applicants - Attach additional sheets if necessary

Describe Remedies You are Seeking for Relief if an Investigation Proves you were Discriminated Against

| | | | |
|---|----------------|--|------------------|
| Filed with United State Department of Housing and Urban Development or Other Agency or Group <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Agency | | Telephone Number |
| Address | City | State | ZIP Code |
| Name of Person Who Assisted You | | | |
| Describe What this Person Has Done for You on this Problem | | | |
| Plan to Take this Matter to Court <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided | | Have an Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Attorney | | | Telephone Number |
| Address | City | State | ZIP Code |

Describe Where you Learned About the Labor and Human Rights' Housing Discrimination Program

By typing my name here, I certify that the information I have provided above is true and complete to the best of my knowledge, information, and belief, and I adopt this as my online signature.

| | |
|-----------|-------------|
| Signature | Date Signed |
|-----------|-------------|

COMPLAINANT SURVEY

We are required by Housing and Urban Development (HUD), to monitor our housing discrimination intake and complaint process program, and report the results to government agencies. Please help us gather this information by identifying your race or ethnicity, and disability status.

The information you provide will be used only to monitor our compliance with HUD and for no other purpose.

| |
|---|
| <p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."</p> <p><input type="checkbox"/> Not Hispanic or Latino: A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> |
| <p>Race</p> <p><input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North and South American (including Central American), and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.</p> |
| <p>Disability</p> <p>Are you a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

By typing my name here, I agree that the information I have provided is truthful, and I adopt this as my online signature. I also agree that I understand that this Complainant Survey in no way determines the outcome of my complaint filed with the North Dakota Department of Labor and Human Rights.

| | |
|-----------|-------------|
| Signature | Date Signed |
|-----------|-------------|

RETURN TO: labor@nd.gov

North Dakota Labor and Human Rights
600 E Boulevard Ave Dept 406
Bismarck ND 58505-0340
701-328-2660 Fax: 701-328-2031
ND Toll-Free: 1-800-582-8032
TTY: 1-800-366-6888
www.nd.gov/labor

NOTICE: Anything you submit to us in paper will be scanned to an electronic version and the original destroyed.