



County of Allegheny

HUMAN RELATIONS COMMISSION
920 CITY-COUNTY BUILDING
414 GRANT STREET
PITTSBURGH, PENNSYLVANIA 15219
PHONE (412) 350-6830 ♦ FAX (412) 350-5230

HOUSING INTAKE FORM

COMPLAINANT INFORMATION

RESPONDENT INFORMATION

Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Assigned Sex at Birth: _____

Race: _____

Current Gender
Identity: _____

Type of business: _____

☐ YES ☐ NO

Disability:
Please describe: _____

Owner or CEO: _____

For age discrimination complaints ONLY

Date of birth: _____

OTHER AGENCIES

Has the Complainant filed with the PHRC?

☐ YES

☐ NO

Has the Complainant filed with HUD?

☐ YES

☐ NO

Has the Complainant filed with PghCHR

☐ YES

☐ NO

With other agencies? Be specific _____

SETTLEMENT INFORMATION

Does the Complainant currently Rent? _____ Own? _____

Current monthly rental: \$ _____ Utilities included? _____

Monthly Heat: \$ _____ Monthly electric: \$ _____

Monthly Water/sewage: \$ _____

What relief is the Complainant seeking (it must be related this issue):

What is the minimum that the Complainant is willing to accept (it must be related to this issue)?

Is the Complainant still interested in obtaining the housing named in the complaint?

☐ YES

☐ NO

Is the Complainant currently employed?

☐ YES

☐ NO

Where? _____ Rate: _____

Is the Complainant receiving unemployment benefits? ☐ YES ☐ NO

Weekly rate of unemployment benefits: \$ _____

Did you complete an application? A lease? Authorized a credit report?

Did you pay an application fee? If so, how much?

Did you pay a security deposit? Is so, how much?

GENERAL INTAKE QUESTIONS

(Housing)

(Applicable questions are to be answered by the Complainant to the best of his/her ability and recorded below. Complainant may use additional paper if needed)

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated less favorably than those in a different protected class.

2. What housing accommodations were you seeking with the person/organization identified on the complaint form page?

3. Provide your reasons of your belief that the action taken against you was discrimination on the basis you stated earlier.

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4. What reason was given to you for the action taken against you or for the treatment you received that you are complaining about?

5. Are the reasons for the action taken against you by the organization accurate?

6. Describe the organization's policy or usual practice(s) that govern the actions being complained about.

7. Has anyone else been treated the **same** as you were under similar circumstances? Please list them and identify by protected class (race, sex, age etc.). What happened to him or her?

8. Have other people been treated **differently** or more **favorably** under similar circumstances? Please list them and identify their protected class (race, sex, age etc.). What happened to him or her?

9. Exactly what harm occurred?

10. Who do you believe is responsible for the harm? Why? What is their basis if known (race, sex, age, religion, disability, etc.)?

11. What date did the harm happen? Is the harm continuing?

12. Do you have documentation of the alleged harm?

13. How did the Respondent know your **basis** (race, sex, age, religion, disability, etc.)?

14. If known, how many persons of your same protected class/basis (race, sex, age, religion, disability, etc.) are housed in the subject property?

DIRECT EVIDENCE

1. Did any agent of the Respondent say or do things to indicate a bias against you or members of your protected class?

2. What was said or done? When? Any witnesses? _____

3. Did any other Respondent employee, agent or tenant say or commit direct acts of discrimination? (Please remember to include witness on Pg. 8.)

4. Did you report these statements or actions to management? Who? Basis? When?

5. What was done?

ADDITIONAL QUESTIONS

1. Is there anything else you wish to add?

2. Has there been any retaliation for opposing discriminatory practices?

3. Do you have any documents you wish to submit?

WITNESS INFORMATION

(Complainant should fill out a separate form for each witness.)

For each witness please provide the following information:

1. Name / Title / Relationship to you /Contact information

2. What was the individual a witness to?

3. Was this person in a position to personally observe what occurred?

☐ **YES** ☐ **NO** ☐ **DON'T KNOW**

4. Would this person be able to provide the Commission with a statement?

☐ **YES** ☐ **NO** ☐ **DON'T KNOW**

5. Is this witness a current employee/agent/tenant of the organization against which the charge is file?

☐ **YES** ☐ **NO**