

For office use:

FAIR HOUSING REQUEST FOR INFORMATION DOCUMENT

Please complete all 4 sides and return to:
UTAH ANTIDISCRIMINATION & LABOR DIVISION
160 East 300 South 3rd Floor
P.O. Box 146630
Salt Lake City, Utah 84114-6630

YOU DO NOT NEED TO COMPLETE THIS FORM TO FILE A COMPLAINT

Today's date _____

I. COMPLAINANT INFORMATION. This section should identify the individual who is filing the complaint of discrimination.

A. Personal Information

Your name: _____
Address: _____
City: _____
Home Phone: () _____
Work Phone: () _____
Date of Birth: _____

B. Other Aggrieved Persons: This section should identify any other individuals in the household, including minor children, who have been effected by the discriminatory conduct.

Full Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. Give the name of someone who will always be able to tell us how to reach you. *Do not give the name of your spouse or anyone who ordinarily lives with you.*

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____
Work Phone: () _____
Relationship to you: _____

II. PROPERTY. This section identifies the property that is involved:

Property Name: _____

Property Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Name of Manager or Landlord: _____

Address of Manager or Landlord (if different from property address):

Phone number for Manager or Landlord: () _____

Check the appropriate:

The property is:

_____ A single family dwelling

_____ Is a 2, 3, or 4 unit dwelling

_____ Or the property contains 4 or more units in the dwelling

Total number of units in the dwelling is: _____

III. RESPONDENT INFORMATION. This section provides the Division with information about the property owner or company you are filing against.

Name of Owner / Management Company / Real Estate Company / or Lender _____

Street Address for the above: _____

Mailing Address for the above: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

IV. DISCRIMINATORY ACT(S). Describe what happened and why you believe it was housing discrimination. Please be as specific as possible (including dates and names). You may attach additional pages to this questionnaire.

1. I believe I was discriminated against because:

2. The adverse housing action (s) taken against me (i.e., evicted, denied rent/sale, accommodation, loan, disability, etc.) was/were:

3. The date (s) of the adverse action (s) was/were: _____

4. The person (i.e. owner/landlord/management company/realtor/lender) who took this action against you was:

5. Names of others who were treated differently than you were:

6. I complained about this action to (name and position):

7. Date(s) I complained was/were:

8. Describe any action(s) taken against you after your complaint:

If your charge is based on disability discrimination, please identify your disability and summarize how this condition has affected your housing opportunities. (You may be requested to provide medical documentation describing your disability).

The UALD does not charge a fee for its services. It is not necessary to have an attorney if you file a charge with this agency. However, if you retain an attorney, provide his or her name, address, and telephone number.

Attorney's name: _____

Attorney's address: _____

City: _____ State: _____ Zip: _____

Attorney's telephone number () _____

PLEASE REMEMBER TO COMPLETE THIS FORM IN ITS ENTIRETY. IF YOU HAVE NOT PROVIDED THE INFORMATION WE NEED, WE MAY BE UNABLE TO TAKE ANY ACTION ON YOUR BEHALF.

Persons needing special accommodations, interpreters, or assistive devices due to a disability should contact the Division three days in advance of their appointment or hearing.

Your signature: _____ **Date:** _____

I will advise the UALD if I change my address or telephone number and will cooperate fully with the UALD in the processing of my charge in accordance with their procedures. I understand if I do not advise UALD of any change in my address or my telephone number, or if I decline to cooperate fully, the UALD may conclude my case without my participation.