

Utah Antidiscrimination
 & Labor Division
 160 East 300 South, 3rd Floor
 PO Box 146630
 Salt Lake City, UT 84114-6630
 Phone: 801-530-6801
 Fax: 801-530-7609
 Email: fh@utah.gov



FAIR HOUSING
 INTAKE QUESTIONNAIRE
 Revised 12/15

For office use only

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.

SECTION 1: YOU

Personal Information

Name:	Email:	Date of Birth:	Today's Date:
Address:		City:	
Telephone 1:	Telephone 2:	State:	Zip:

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:

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:	Email:	Relationship:	
Address:		City:	
Telephone 1:	Telephone 2:	State:	Zip:

SECTION 2: PROPERTY

This section identifies the property that is involved

Property Name:		
Address:	City:	
	State:	Zip:
Mailing Address (if different):	City:	
	State:	Zip:
Manager or Landlord Name:	Telephone:	
Manager/Landlord Address (if different):	City:	
	State:	Zip:
Property: <input type="checkbox"/> single family dwelling <input type="checkbox"/> 2, 3, or 4 unit dwelling <input type="checkbox"/> 4 or more units Total number of units in the dwelling is:		

SECTION 3: 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:	Telephone:	
Street Address:	City:	
	State:	Zip:
Mailing Address:	City:	
	State:	Zip:

SECTION 4: DISCRIMINATORY ACT(S)

Please note that UALD only investigates claims based on discrimination. It is your responsibility to prove with evidence that discrimination has occurred because of your race, color, sex, religion, national origin, disability, source of income, familial status, sexual orientation, or gender identity.

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.

<p>1. I believe I have been discriminated against based on:</p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Familial Status</p> <p><input type="checkbox"/> Source of Income <input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity</p>
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2. I believe I was discriminated against because:	
3. The adverse housing action (s) taken against me (i.e., evicted, denied rent/sale, accommodation, loan, disability, etc.) was/were:	
4. The date (s) of the adverse action (s) was/were:	
5. The person (i.e. owner/landlord/management company/realtor/lender) who took this action against you was (please include full legal name and job title):	
6. Names of others who were treated differently than you were:	
7. I complained about this action to:	
Full Legal Name:	Date(s):
Job Title:	<input type="checkbox"/> Verbally <input type="checkbox"/> Written
8. Describe any action(s) taken against you after your complaint, and who took the action (please include full legal name and job title):	

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 and instruct him or her to provide our office with a letter of representation.

Attorney's Name:	Telephone:	
Attorney's Address:	City:	
	State:	Zip:

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.

Signature

Date