



# MISSOURI COMMISSION ON HUMAN RIGHTS

MISSOURI DEPARTMENT OF LABOR  
AND INDUSTRIAL RELATIONS  
**INTAKE QUESTIONNAIRE**  
**Housing Complaints**

3315 West Truman Blvd.  
Room 212  
P.O. Box 1129  
Jefferson City, MO 65102-1129

Please immediately complete this form and return it to the Missouri Commission on Human Rights (MCHR). **REMEMBER**, a complaint of discrimination must be filed within the time limits imposed by law, generally within 180 days of the alleged act of discrimination. Upon receipt, this form will be reviewed to determine MCHR coverage. **ANSWER ALL QUESTIONS that pertain to your situation, as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable to your situation, write "n/a." Please print.**

<b>PERSONAL INFORMATION</b>			
Last Name	First Name	MI	
Street or Mailing Address			Apt. or Unit #
City	County	State	ZIP
Home Phone Number		Work Phone Number	
Cell Phone Number		E-mail Address	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please answer the next 3 questions.**

1. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is your race? (Please choose all that apply.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
3. What is your National Origin? (country of origin or ancestry)

**Please provide the name of a person we can contact if we are unable to reach you.**

Name	Relationship		
Address			
City	State	ZIP	
Home Phone Number	Other Phone Number		

<b>COMPLAINT INFORMATION</b>
4. Address of the Property (if different from your address)
5. Name(s) of All People Who Live With You
6. How did you learn about our agency?
7. Type of Property <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condominium <input type="checkbox"/> Other (Describe):

8. Name of Person/Entity Who Discriminated		
Address		
City	State	ZIP
Home Phone Number	Other Phone Number	
Property Manager's Name		
Address		
City	State	ZIP
Home Phone Number	Other Phone Number	
9. Name of Management Company		
Address		
City	State	ZIP
Home Phone Number	Other Phone Number	
10. What is the reason (basis) for your claim of housing discrimination? <i>(Check the box(es) that apply.)</i> <input type="checkbox"/> Race/Color <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Religion <input type="checkbox"/> Retaliation <input type="checkbox"/> Family Status <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other reason (basis) for discrimination <i>(explain):</i>		
11. If you are filing on the basis of <u>disability</u> , provide the following information. <b>If not, skip to #12.</b> Is your disability <input type="checkbox"/> Mental <input type="checkbox"/> Physical What is the name of your disability? Does this disability prevent or limit you from doing anything? <i>(e.g. lifting, sleeping, breathing, walking, caring for yourself, working, etc.)</i>		
Is the person who discriminated against you aware of your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she aware?		
Did you ask your landlord, housing provider or condo association for any changes or accommodations for your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain what accommodations/changes you requested:		
12. What happened to you that you believe was discriminatory? Include date(s) of harm, the action(s) and the name(s) of the person(s) who believe discriminated against you. Please attach additional pages, if needed. <i>(Example: 01/01/10-notice John Smith Notice of Eviction)</i>		
A.	Date	Name of Responsible Party
	Action	
B.	Date	Name of Responsible Party
	Action	

13. Why do you believe these actions were discriminatory? *(Please attach additional pages, if needed.)*

I understand that this questionnaire is not a complaint form and that I have not yet filed a complaint of discrimination. I understand that MCHR will review this form and if the information constitutes a basis for filing a complaint, a complaint will be mailed to me for signature. In order to preserve your rights, your signed complaint will need to be received by MCHR within 180 days of the alleged act of discrimination. I understand that a copy of the complaint form I sign will be sent to the housing provider and will be the basis for the MCHR investigation.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Missouri Commission on Human Rights is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.*