



# Maine Human Rights Commission

# 51 State House Station - Augusta, ME 04333

Phone (207) 624-6290

Fax (207) 624-8729

TTY: Maine Relay 711

[www.maine.gov/mhrc](http://www.maine.gov/mhrc)

## HOUSING DISCRIMINATION INTAKE QUESTIONNAIRE

### CONTACT INFORMATION

First Name:		Middle Init.:	Last Name:	
Mailing Address:		City:	St.:	Zip:
Home Phone:	Cell Phone:	W Phone:	Email Address:	

List all other members of your household:

1.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO	4.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO	5.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO	6.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO

### NAME A RELATIVE, FRIEND OR NEIGHBOR IN THE LOCAL AREA WHO WOULD KNOW HOW TO REACH YOU:

First Name:	Last Name:	Relationship:	Phone #:
Street Address:	City:	State:	Zip:

### I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST IN HOUSING BASED ON:

<input type="checkbox"/> Color (specify: _____)	Religion (specify: _____)
<input type="checkbox"/> Familial Status (please fill out box on the right) <b>→</b>	If you checked off <u>Minor Children</u> , please answer the following: I am the parent or legal guardian of my: <input type="checkbox"/> Minor Child(ren) <input type="checkbox"/> Dependent Adults
<input type="checkbox"/> Mental Disability (specify disability _____)	
<input type="checkbox"/> National Origin/Ancestry (specify: _____)	
<input type="checkbox"/> Physical Disability (specify disability _____)	
<input type="checkbox"/> Race (specify: _____)	
<input type="checkbox"/> Receipt of Public Assistance (indicate type: _____)	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Receipt of Permanent Protection from Abuse Order	<input type="checkbox"/> Sex (this include sexual harassment)
	<input type="checkbox"/> Sexual Orientation (includes Gender Identity) (specify: _____)

### THE PROPERTY INVOLVED IS LOCATED AT:

Street Address:		
City	State	Zip:
Name of apartment complex:		
Type of housing involved:	Rental amount	\$
<input type="checkbox"/> Apartment (if yes, how many units in building? # _____) <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Mobile home park <input type="checkbox"/> Owner Occupied		
Number of bedrooms:	Number of rooms other than bedrooms:	Security Deposit \$
		Utilities Included: <input type="checkbox"/> YES <input type="checkbox"/> NO

How did you find out that the Maine Human Rights Commission handles housing discrimination complaints?

### The people/companies that discriminated is/are:

<b>1</b>	Name:	Home Phone:
	Mailing address:	Work Phone:
	City:	State: Zip: County:
	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Neighbor <input type="checkbox"/> Broker <input type="checkbox"/> Other:	
<b>2</b>	Name:	Home Phone:
	Mailing address:	Work Phone:
	City:	State: Zip: County:
	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Neighbor <input type="checkbox"/> Broker <input type="checkbox"/> Other:	
<b>3</b>	Name:	Home Phone:
	Mailing address:	Work Phone:
	City:	State: Zip: County:
	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Neighbor <input type="checkbox"/> Broker <input type="checkbox"/> Other:	

Earliest date of discrimination		Latest date of discrimination		Ongoing? <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of discrimination involved:				
<input type="checkbox"/> Notice to Vacate <input type="checkbox"/> Eviction <input type="checkbox"/> Refusal to Rent <input type="checkbox"/> Harassment <input type="checkbox"/> Discriminatory advertisement or statements <input type="checkbox"/> Reasonable Accommodations / Modifications     Discriminatory terms and condition of: <input type="checkbox"/> Application / <input type="checkbox"/> Occupancy				
Do you wish to obtain or retain the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No			Your Monthly income: \$ _____	
Do you have the money for rent and the security deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of Complaining Party:			Date:	

To assist us in understanding the details of your situation, please provide a brief description of the reasons you believe you have been discriminated against on the back of this form. **Use extra paper if necessary.**

**INTAKE QUESTIONNAIRE INSTRUCTIONS ON NEXT PAGE**

**NOT ALL DISCRIMINATION IS UNLAWFUL!** The Maine Human Rights Act makes it unlawful to discriminate in the following areas for the following reasons:

JURISDICTIONAL BASIS:	MHRC JURISDICTIONS				
	HOUSING	EMPLOYMENT	PUBLIC ACCOMMODATION	CREDIT EXTENSION	EDUCATION
Age		✓	✓	✓	
<b>Ancestry</b>	✓	✓	✓	✓	
<b>Color</b>	✓	✓	✓	✓	
Children (lodging only)			✓		
<b>Familial Status</b>	✓	✓			
Genetic Information		✓			
Marital Status				✓	
<b>Mental Disability</b>	✓	✓	✓		✓
<b>National Origin</b>	✓	✓	✓	✓	✓
<b>Permanent Protection From Abuse Order</b>	✓	✓			
<b>Physical Disability</b>	✓	✓	✓		✓
<b>Race</b>	✓	✓	✓	✓	✓
<b>Receipt of Public Assistance<sup>1</sup></b>	✓				
<b>Religion</b>	✓	✓	✓	✓	
<b>Retaliation</b>	✓	✓	✓	✓	✓
<b>*Sex<sup>2</sup></b>	✓	✓	✓	✓	✓
<b>Sexual Orientation</b>	✓	✓	✓	✓	✓
Worker's Comp Retaliation*		✓*			
Whistleblower's Retaliation		✓			

\* for filing with previous employer only.

**Retaliation:** The Maine Human Rights Act prohibits retaliation against any individual who has opposed any practice which would be a violation of the Act, or because the individual has made a complaint, testified or assisted in any manner in any investigation proceeding or hearing under the Act.

## Instructions for Intake Questionnaire

Fill out the intake form as completely as possible. Be specific with all names and dates.

Please return this form to: **Maine Human Rights Commission  
51 State House Station  
Augusta ME 04333**

**NOTE:** Completing this Intake Questionnaire does not mean that a Complaint of Discrimination has been filed.

After we receive the information you provide, the Intake Officer will either type a Complaint of Discrimination and send it to you for your review and notarized signature *or*, if the information is not sufficient to draft a complaint, call you to discuss your allegations further.

A COMPLAINT OF DISCRIMINATION IS FILED WITH THE MAINE HUMAN RIGHTS COMMISSION WHEN A SIGNED, NOTARIZED COMPLAINT FORM IS RECEIVED BY THE COMMISSION. SIGNED, NOTARIZED COMPLAINTS MUST BE RECEIVED BY THE COMMISSION WITHIN THREE HUNDRED (300) DAYS OF THE ALLEGED ACT OF DISCRIMINATION.

For more information on the Maine Human Rights Act please visit us on the web at [www.maine.gov/mhrc](http://www.maine.gov/mhrc).

<sup>1</sup> Receipt of Public Assistance means status as a recipient of federal, state or local public assistance

<sup>2</sup> Sexual harassment is a form of sex discrimination.

## HOUSING DISCRIMINATION DISABILITY QUESTIONNAIRE

<b>A: Do you or does the person you are assisting or associated with have:</b>		
1.	A physical or mental impairment that substantially limits one or more daily life activities, such as seeing, hearing, speaking, talking, taking care of oneself, or working?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	A record or a history of having a physical or mental impairment which limits one or more major life activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Is the person perceived as having such impairment, even if his or her daily life activities are not impaired?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>B: Provider's Knowledge of Disability</b>		
1.	Do you believe that the housing provider or other person or organization that you believe has discriminated against you is aware that you have a disability, or thinks you have a disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>C: Disparate treatment/Disparate impact discrimination</b>		
1.	Do you believe that the housing provider has treated you differently than persons who are not disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	How?	
2.	Do you believe that the housing provider has treated you the same as others, but that this treatment still has a negative impact on you as a person with a disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	How?	
<b>D: Reasonable Accommodation/Modification</b>		
1.	Did you request the housing provider to change policies or practices?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Did you request the housing provider for permission to modify the unit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	What changes/accommodations/modifications did you request?	
4.	Would the changes/accommodations/modifications benefit you in your housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Did you request in writing or verbally?	<input type="checkbox"/> In Writing <input type="checkbox"/> Verbally
6.	If you did not make the request, how do you believe the housing provider was aware of the need for an accommodation/modification?	
7.	Did the housing provider deny, delay or ignore your request for accommodation/modification?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	What did the housing provider do or say in response to your request?	
8.	If the housing provider failed or refused to make the requested accommodation/modification, what reason was given?	