

**Division of Human Relations  
Housing Intake Questionnaire**

\* The Statute of limitations to file a Fair Housing discrimination Complaint is 1 year from the most recent action

**New Castle**

Division of Human Relations  
Carvel State Office Bldg.  
820 N. French St., 4<sup>th</sup> Floor  
Wilmington, DE 19801

**Kent**

Division of Human Relations  
Cannon Bldg, Suite 145.  
861 Silver Lake Blvd  
Dover, DE 19904

**Sussex**

Division of Human Relations  
Thurman Adams Jr. State Service Center  
546 S. Bedford St.  
Georgetown, DE 19947

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**When did the last act of discrimination occur? Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Is the alleged discrimination continuous or on going?**                      **Yes**                      **No**

**CONTACT INFORMATION**

**1. Complainant's Information(This is the person completing this form)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Work phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

**2. Contact Information (Someone other than yourself, we could contact in case we can't contact you)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Work phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

**3. If you have an attorney, please provide their information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Work phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

**4. Who do you believe discriminated against you? Check all that apply and provide name/address if known.**

<input type="checkbox"/>	Builder	<input type="checkbox"/>	Bank or Other Lender
<input type="checkbox"/>	Owner	<input type="checkbox"/>	Landlord
<input type="checkbox"/>	Broker	<input type="checkbox"/>	Real Estate Agent
<input type="checkbox"/>	Salesperson	<input type="checkbox"/>	Other
<input type="checkbox"/>	Superintendent or Manager		

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Work phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

**5. Witness Information (The person who was present to see the discrimination)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Work phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

**6. Where did the discrimination occur?**

For example:

Was it at a rental unit?	Public or Assisted Housing?
Single family home?	A Mobile Home?
Did it occur at a bank or other lending institution?	
Other? (please explain) _____	
Number of Units managed by Respondent _____	

**DISCRIMINATION SPECIFICS**

**7. What happened to you?**

*Please check each action that occurred to you:*

*Did someone refuse you an opportunity to rent, sell, deal or buy housing?*

*Were you treated differently in the conditions or terms of sale, rental occupancy, or in services or facilities?*

*Did you read an advertisement that appeared discriminatory?*

*Was someone engaged in blockbusting? (The practice of persuading homeowners to sell their homes quickly at low prices for fear of declining property values)*

*Were you denied a loan?*

*Were you told that housing was not available when in fact it was?*

*Were you treated differently from others seeking housing?*

*Did someone try to intimidate, interfere or coerce you?*

*Other*

*Please explain in detail (time, date, etc.) what happened:*

**8. Now tell us why you believe this discrimination occurred by checking the appropriate box from the list below?**

(If you believe the discrimination occurred for more than one reason, then check all that apply)

Race

Color

Religion

Sex

National Origin

Familial Status (families with children under 18)

Person(s) With a Disability

Age

Creed

Marital Status

Sexual Orientation

Now that you have identified the class(s), briefly explain why you think you were discriminated against for the reason(s) listed above.