SOUTH CAROLINA HUMAN AFFAIRS COMMISSION

Post Office Box 4490
Columbia, South Carolina 29240
(803) 737-7800
Web address: http://www.schac.sc.gov

1026 Sumter Street
Columbia, South Carolina 29201
Toll Free: (800) 521-0725
Email address: information@schac.sc.gov

FAIR HOUSING INITIAL INQUIRY QUESTIONNAIRE

Complete all portions applicable to your situation.
Type or Print in ink only.
You may add additional pages as needed.
DO NOT write on the back of any page in this Questionnaire.

COMPLETION AND SUBMISSION OF THIS QUESTIONNAIRE DOES NOT IMPLY OR CONSTITUTE THE FILING OF A CHARGE.

Full Legal Name: ____________________________________________________________
(First) (Middle) (Last)

Mailing Address: ____________________________________________________________
Street Address: ____________________________________________________________

City: __________________________ County: __________________________ State: ______ Zip: ________

Telephone Number: Home (______) _________________ Work: (______) _________________
(Area Code) (Area Code)

Cell: (______) ______________________ E-mail Address: __________________________
(Area Code)

Date of Birth: ________________ Age: ________ Sex (Circle one): M F

Please check best time to reach you: ___ Morning ___ Afternoon ___ Evening ___

How did you learn about the Fair Housing Act? (Internet, TV, etc.) ________________

Alternate Contact Information

Provide the following information on a person who will know where you can be reached. This individual should be someone who DOES NOT LIVE with you.

Contact Individual’s Name: ________________________________________________________
(First) (Middle) (Last)

Mailing Address: ____________________________________________________________
Street Address: ____________________________________________________________

City: __________________________ State: ______ Zip: ________________

Telephone Number: Home (______) _________________ Work: (______) _________________
(Area Code) (Area Code)

Cell: (______) ______________________ E-mail Address: __________________________
(Area Code)

Please check best time to reach contact person: Morning ___ Afternoon___ Evening ___

Fair Housing IQQ
Rev 6/5/15 7:14 PM
1 of 9
1. What happened to you?

<table>
<thead>
<tr>
<th>Event</th>
<th>Date Applied</th>
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<tbody>
<tr>
<td>Terms / Conditions</td>
<td>___ (mm/dd/yy)</td>
</tr>
<tr>
<td>Refusal to negotiate (relative to sale or rental)</td>
<td>___ (mm/dd/yy)</td>
</tr>
<tr>
<td>Threatened to be Evicted</td>
<td>___ (mm/dd/yy)</td>
</tr>
<tr>
<td>Failure to make or allow Reasonable Modification (for a disability?)</td>
<td>___ (mm/dd/yy)</td>
</tr>
<tr>
<td>Failure to make Reasonable Accommodation (for a disability?)</td>
<td>___ (mm/dd/yy)</td>
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<tr>
<td>Steering (guiding from or toward certain neighborhoods)</td>
<td>___ (mm/dd/yy)</td>
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<tr>
<td>Failure to provide accessibility building entrance or public and common user areas, etc.</td>
<td>___ (mm/dd/yy)</td>
</tr>
<tr>
<td>Sexually Harassed</td>
<td>___ (mm/dd/yy)</td>
</tr>
<tr>
<td>Harrassed- not sexually</td>
<td>___ (mm/dd/yy)</td>
</tr>
<tr>
<td>False denial of availability (to rent or buy)</td>
<td>___ (mm/dd/yy)</td>
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</tbody>
</table>

Date applied | Did you meet the qualifications? | Was the housing available? | Who got the subject housing? |
---|---|---|---|
___ (mm/dd/yy) | ____Yes ____No | ____Yes ____No | __________ |

Explain briefly how you feel you were discriminated against? For Example: Were you refused a rental or purchasing opportunity? Denied a loan? Told housing was not available when it was? Treated differently from others seeking housing?  *(Attach extra sheets or use Page 9, if needed. DO NOT write on the back of any page.)*
2. **WHEN** did the last act of discrimination occur, _____________________
   (date)

   Is the discriminatory treatment continuing?   ____Yes   ____ No

   If yes, explain briefly.  ____________________________________________
   ____________________________________________

3. **WHY** do you believe you are being discriminated against?  It is a violation of the law to deny you your housing rights for any of the following factors:

   ___  Race     ___  Color     ___  Sex (including sexual harassment or pregnancy)
   ___  National Origin (Ancestry)   ___  Familial Status (families with children under 18)
   ___  Religion   What is your religion?  ________________________________
   ___  Disability   ___  Retaliation (opposed an unlawful housing practice or participated
   as a witness in a complaint)

   **Please answer the following Disability-related questions.**

   a. What is your medically diagnosed disability?  ________________________________

   b. How does your disability affect your daily activities?  ______________________
   (hearing, seeing, speaking, walking, talking, breathing, etc.)

   c. When was the Respondent notified about your disability?  __________________

   d. Does or did the Respondent perceive you as having a disability?   ____ Yes   ____ No  If yes, explain:
   _______________________________________________________________________

   **Please answer the following Retaliation-related questions.**

   a. Did you complain about your treatment to the Respondent?   ____ Yes   ____ No
   If yes, complete the following about the individual to whom you complained:

   Name:  ________________________________  Title:  ________________________________
   Contact Info:  ________________________________

   b. Did you specifically allege that your treatment was discrimination- based on one or more of the factors
   checked in Question 3?   ____ Yes   _____ No

   For example:  Were you denied housing because of your race?
   Were you denied a mortgage loan because of your religion?
   Were you turned down for an apartment because you have children?
   Were you harassed because you assisted someone in obtaining their Fair Housing rights?
4. Did the Respondent give any reason for the treatment you described in Question 3?  ____ Yes  ____ No
   If yes, what was/were the reason(s)?
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

5. If the reason(s) was/were not true, what is your reply to the reason(s) given? Please explain.
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

6. **WHO** (Respondent(s)) discriminated against you?
   Individual, organization, association, corporation, municipality, trust, trustee, or other entity allegedly harmed you?  Give name and **complete** South Carolina business address including street number for subject property and post office box.  *(Attach extra sheets or use Page 9 for additional Respondents  DO NOT write on the back of any page.)*

   **Landlord ____  Real Estate Agent ____  Broker ____  Owner ____  Association ____**

   **Organization ____  Banker ____  Company ____  Property Management ____**

   Name:  __________________________________________

   Business Name:  __________________________________

   Street Address:  __________________________________

   Mailing Address:  ________________________________

   City:  ____________________  County:  _____________  State:  _____  Zip:  _______

   Work Ph#:  (______) __________________________  Cell#:  (______) ___________________
   (Area Code) (Area Code)

   **Landlord ____  Real Estate Agent ____  Broker ____  Owner ____  Association ____**

   **Organization ____  Banker ____  Company ____  Property Management ____**

   Name:  __________________________________________

   Business Name:  __________________________________

   Street Address:  __________________________________

   Mailing Address:  ________________________________

   City:  ____________________  County:  _____________  State:  _____  Zip:  _______

   Work Ph#:  (______) __________________________  Cell#:  (______) ___________________
   (Area Code) (Area Code)
Name: ____________________________________________________________________________________

Business Name: __________________________________________________________________________

Street Address: __________________________________________________________________________

Mailing Address: __________________________________________________________________________

City: __________________________ County: __________________________ State: ______ Zip: _______

Work Ph#: (______) __________________________ Cell#: (______) __________________________

(Area Code) (Area Code)

7. **WHERE** did the alleged act of discrimination occur?

_____ Apartment Complex

_____ Mobile Home Park?

_____ Condominium Association?

_____ Public or Assisted Housing?

_____ Bank or other Lending Institution?

_____ Single family home?

*How many properties does the Single Family Respondent own? If you have this information, please provide the total number of properties________, and list additional information on Page 9.*

**Owners contact information and the location of the subject property:** (If applicable.)

Name: ____________________________________________________________________________________

Business Name: __________________________________________________________________________

Street Address: __________________________________________________________________________

Mailing Address: __________________________________________________________________________

City: __________________________ County: __________________________ State: ______ Zip: _______

Work Ph#: (______) __________________________ Cell#: (______) __________________________

(Area Code) (Area Code)

**Please check the appropriate transaction below:**

___ A Purchase?   ___ A Rent?   ___ A Loan?

8. How many properties does the Respondent/Owner of the subject property own for the purpose of rental or sale? __________________________________________________________________________

9. Have you filed **this** complaint with the United States Housing and Urban Development (HUD), any federal, state or local antidiscrimination agency, or in court? _____ Yes_____ No If yes, complete the following:

Name of Agency: __________________________________________________________________________

Case Number: __________________________ Date you filed this complaint: ________________
10. Have you filed a previous complaint against this Respondent with the South Carolina Human Affairs Commission? ____ Yes   ____ No  If yes, complete the following about the Commission staff member to whom you complained:

   Staff member: _____________________________________________________________

   Case Number:________________________  Date you filed this complaint: __________

11. Are you aware of other individuals who were treated better under the same or similar circumstances?____  Yes _____ No  If yes, complete the following:

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<thead>
<tr>
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<th>Race</th>
<th>Color</th>
<th>National Origin</th>
<th>Sex</th>
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Brief description of this individual’s treatment

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Brief description of this individual’s treatment

12. Are you aware of other individuals who were treated the same or worse as you under the same or similar circumstances? _____ Yes _____ No  If yes, complete the following:

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<th>Name</th>
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Brief description of this individual’s treatment

13. Were there any witnesses to the events?    ____ Yes     ____ No

14. Do the witnesses have relevant, first-hand information that is material to this complaint?     ____ Yes     ____ No
15. Are the witnesses willing to speak with the Commission about this complaint?  _____ Yes  _____ No
   If yes, please provide the following information below for each witness:  *(Attach extra sheets or use Page 9 for additional witnesses. DO NOT write on the back of any page.)*

**Witness #1**

Name: ____________________________________________
   (First) (Middle) (Last)

Mailing Address: ____________________________________________

City: ___________________________________ State: _____ Zip: _____________

Telephone Number: Home  (_____) _________________ Work: (_____) _________________
   (Area Code)  (Area Code)

Cell: (_____) _________________ E-mail Address ____________________________
   (Area Code)

**Witness #2**

Name: ____________________________________________
   (First) (Middle) (Last)

Mailing Address: ____________________________________________

City: ___________________________________ State: _____ Zip: _____________

Telephone Number: Home  (_____) _________________ Work: (_____) _________________
   (Area Code)  (Area Code)

Cell: (_____) _________________ E-mail Address ____________________________
   (Area Code)

**Witness #3**

Name: ____________________________________________
   (First) (Middle) (Last)

Mailing Address: ____________________________________________

City: ___________________________________ State: _____ Zip: _____________

Telephone Number: Home  (_____) _________________ Work: (_____) _________________
   (Area Code)  (Area Code)

Cell: (_____) _________________ E-mail Address ____________________________
   (Area Code)
Settlement Information

What is the minimum relief you would accept to settle this complaint?

___ Your deposit back  ___ Fees Waived  ___ Accommodation  ___ Monetary
___ Other ________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Do you have an attorney representing you in this matter? _____ Yes  _____ No. If yes, your attorney must send a Letter of Representation to the South Carolina Human Affairs Commission. The Commission cannot discuss any matter pertaining to your complaint with the attorney until it receives the Letter of Representation.

NOTE: You are not required to have an attorney representing you in this matter in order to file a charge of discrimination.

It is your responsibility to notify the Commission immediately if you change your address or telephone number. If you cannot be contacted because you have not met these responsibilities, your complaint may be dismissed. You must provide a telephone number by which the investigator can contact you during the Commission’s normal business hours (8:30 A.M. to 5:00 P.M. Monday through Friday).

I have read (or it has been read to me) this document and understand the above information. I understand that the South Carolina Human Affairs Commission makes no promises or guarantees to me as to the possible outcome or results of this complaint. I certify that all of the information contained in this questionnaire is true, accurate, and factual to the best of my knowledge, information and belief.

Signature of Complainant: _______________________________  Date: ___________________