

**SOUTH CAROLINA HUMAN AFFAIRS COMMISSION**

1026 Sumter Street  
Columbia, South Carolina 29201

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**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 \_\_\_

1. **WHAT** happened to you?

_____	_____	Terms / Conditions	_____	_____	Refusal to negotiate <i>(relative to sale or rental)</i>
	<i>(mm/dd/yy)</i>			<i>(mm/dd/yy)</i>	
_____	_____	Threatened to be Evicted	_____	_____	Failure to make or allow Reasonable Modification <i>(for a disability?)</i>
	<i>(mm/dd/yy)</i>			<i>(mm/dd/yy)</i>	
_____	_____	Failure to make Reasonable Accommodation <i>(for a disability?)</i>	_____	_____	Steering <i>(guiding from or toward certain neighborhoods)</i>
	<i>(mm/dd/yy)</i>			<i>(mm/dd/yy)</i>	
_____	_____	Failure to provide accessibility building entrance or public and common user areas, etc.	_____	_____	Redlining <i>(charging more for service such as, banking loans).</i>
	<i>(mm/dd/yy)</i>			<i>(mm/dd/yy)</i>	
_____	_____	Sexually Harrassed	_____	_____	Harrassed- not sexually
	<i>(mm/dd/yy)</i>			<i>(mm/dd/yy)</i>	
_____	_____	False denial of availability <i>(to rent or buy)</i>			
	<i>(mm/dd/yy)</i>				

Date applied	Did you meet the qualifications?	Was the housing available?	Who got the subject housing?
_____	_____	_____	_____
<i>(mm/dd/yy)</i>	_____ 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.)*

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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)?

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

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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)

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)

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:

<i>Name</i>	<i>Race</i>	<i>Color</i>	<i>National Origin</i>	<i>Sex</i>	<i>Religion</i>	<i>Disability</i>	<i>Familial Status</i>
<i>Brief description of this individual's treatment</i>							
<i>Brief description of this individual's treatment</i>							

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:

<i>Name</i>	<i>Race</i>	<i>Color</i>	<i>National Origin</i>	<i>Sex</i>	<i>Religion</i>	<i>Disability</i>	<i>Familial Status</i>
<i>Brief description of this individual's treatment</i>							
<i>Brief description of this individual's treatment</i>							

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: \_\_\_\_\_



