

STATE OF WEST VIRGINIA
HUMAN RIGHTS COMMISSION

Room 108A, 1321 Plaza East, Charleston, WV 25301-1400
Ph: (304) 558-2616 Fax: (304) 558-0085 Toll Free: (888) 676-5546 www.hrc.wv.gov

*** (INTERNET FORM) ***

HOUSING

PRE-COMPLAINT BACKGROUND FORM

Please do your best to provide complete answers to each of the following questions. If a question does not apply to your situation, mark that question as n/a or not applicable.

NOTICE: THIS IS NOT A CONFIDENTIAL DOCUMENT. A copy of this questionnaire, containing your answers and any statements and attachments you provide, may be released to anyone who submits a proper request, including the responding housing provider. **Do not attach documents, such as medical records, to this form.**

Today's Date: _____

Your Complete Contact Information

It is important that the Commission be able to reach you. If your contact information changes, please let the Commission know immediately.

Mr. ___ Miss ___ Mrs. ___ Ms. ___ Full Name _____
Street Address _____ City _____
County _____ State _____ Zip _____ E-mail _____
Phone (home) _____ (work) _____ (cellular) _____
Date of Birth _____ Age _____ Sex _____ Race _____ National Origin _____
The best time to call me is: **Mornings** ___ **Afternoons** ____ . The best number to call is _____.

Your Legal Representation

You do not need an attorney to file a complaint. However, if you are represented by a lawyer, please provide the attorney's contact information and ask your lawyer to submit a written notice of representation.

Lawyer Name _____
Law Firm _____
Address _____
City _____ State _____
Zip _____ Ph _____

Your Emergency Contact Information

Please provide contact information for a family member or friend, **who does not share your address or telephone number(s)**, and who can reach you or get a message to you if the Commission is unable to contact you.

Name _____
Relationship to you _____
Street Address _____
City _____
State _____ Zip _____
Ph (h) _____ (cell) _____

Other Complaints You Have Filed

Have you filed **this same complaint or charge** with:
HUD or another agency? Yes ___ No ___
in state or federal court? Yes ___ No ___

Have you ever filed **any complaint** here before?
Yes ___ No ___
Approximate date(s) you filed _____
Docket Number(s) _____
Who did you file against? _____

Are you facing eviction? Yes ___ No ___

If yes, please complete details on page four.

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IMPORTANT NOTICE: Completing and returning this form **DOES NOT** mean you have filed a complaint. Additional steps must be taken to file a formal complaint with the HRC. It is vital that you submit this form well before the 365 day deadline to ensure that your complaint is completed on time. **If you are submitting this form within one month of your 365 day filing deadline, please call the West Virginia Human Rights Commission for further instructions.**

Who Is Your Complaint Against?

Who do you believe discriminated against you?

<input type="checkbox"/> Property Owner	<input type="checkbox"/> Landlord/Property Manager
<input type="checkbox"/> Rental Agent	<input type="checkbox"/> Building Superintendent
<input type="checkbox"/> Broker/Salesperson/Realtor	<input type="checkbox"/> Bank or Lender
<input type="checkbox"/> Builder	<input type="checkbox"/> Other (specify) _____

Please provide the full name and contact information for the entity you want to name in your housing complaint. Be as specific as possible.

Full Name of Entity _____
Address _____
City _____ State _____ Zip _____
County _____ Ph _____ Fax _____

If you named an individual above who appeared to be acting on behalf of a company, please provide the name and address of the company herein below.

Full Name of Company _____
Address _____ City _____ State _____ Zip _____
County _____ Phone _____ Fax _____

Property at Issue in Your Complaint

What kind of property is at issue in your complaint? Property that is: **For Sale** **For Rent**
It is a:

single family house house/building with 2-4 units building with 5 or more units
 mobile home other (specify) _____

Please provide the name (subdivision or apartment complex name) and address of the property involved.

Name _____
Address _____ Apt. No. _____
City _____ State _____ Zip _____

Are you still interested in this property? Yes No

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Alleged Unlawful Bias

What do you believe motivated your unfair treatment? Check **ALL** the factors that you believe **actually apply** to your situation.

- Race
- Ancestry
- Color
- National Origin
- Sex
- Religion
- Familial Status/Pregnancy
- Disability/Blindness
- Association with a member of a protected class
- Retaliation for exercising my fair housing rights

If you believe your unfair treatment was motivated by **disability** discrimination, please provide the following information.
Check all that apply:

- I have a disability.
- I had a disability in the past.
- I do not have a disability, but the housing provider treats/treated me as if I do have a disability.

My disability is: _____

If you believe your unfair treatment was motivated by your **color**, please describe your color. _____

If you believe your unfair treatment was motivated by your **ancestry**, please identify your ancestry.

If you believe your unfair treatment was motivated by your **religion**, please identify your religious affiliation, if any.

If you believe your unfair treatment was motivated by your **familial status**, how many children under 18 live with you?

If you believe your unfair treatment was motivated by your **association** with a person who may have been a target of unlawful bias, please identify the individual, his or her protected class status and explain his or her relationship with you.
Name of person _____ Relationship to you _____

I believe I may have experienced unlawful housing discrimination because of this person's:

- Race
- Ancestry
- Sex
- Familial Status/Pregnancy
- Color
- National Origin
- Religion
- Disability/Blindness

Please identify the specific characteristic at issue in detail. For example, if you believe you experienced housing discrimination because you and your spouse are different races, please identify your spouse's race.

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What Happened?

Please **check** each type of harm that applies to your situation and provide the **date(s)** upon which the alleged unfair treatment occurred.

✓	<u>Type of Harm</u>	<u>Date(s) of Harm</u>
	Discriminatory Eviction	
	Refused to Rent, Sell or Deal with You	
	Discriminated in the Terms or Conditions of Sale, Rental Occupancy, or in Services or Facilities	
	Falsely Denied Housing Was Available	
	Advertised in a Discriminatory Way	
	Engaged in Blockbusting or Racially Based Steering	
	Discriminated in Financing or Broker Services	
	Failed to Provide a Reasonable Accommodation or Failed to Allow a Reasonable Modification	
	Hostile Environment (only if motivated by Sex, Race, Color, Familial Status, National Origin, Ancestry, Religion and/or Disability)	
	Intimidated, Interfered, Threatened or Coerced You to Deprive You of the Full Benefit of Your Fair Housing Rights	
	Other	

If you claim you were racially or sexually harassed, please provide the name, job title and address of the person who engaged in harassing behavior, if known.

Name _____

Job Title _____

Address _____

City _____ State _____ Zip _____

Phone _____

If you claim you were intimidated, threatened or coerced to deprive you of the full benefit of your housing rights, was the conduct you experienced in retaliation for:

___ exercising/enjoying your fair housing rights?

___ encouraging others to exercise their housing rights?

___ filing a previous complaint with the Commission?

If You Are Facing Discriminatory Eviction

If you have been given a notice of eviction:

Was the notice: ___ Written ___ Verbal

What date are you supposed to be out of your dwelling?

What reason, if any, was provided for the notice of eviction? _____

If there is a court or magistrate court hearing scheduled on the eviction, please provide the hearing date and time as well as the location of the hearing.

___ No hearing has been set yet.

___ I don't know if a hearing has been set.

___ Yes. The hearing is set for _____ o'clock __ M on _____ in _____ County, WV.

This matter is in ___ magistrate court.
___ circuit court.

Other Persons Harmed

If persons other than yourself were also harmed by the unlawful discrimination, such as persons who were living with you, please list each such person below and provide their contact information if it differs from your own.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Relationship to you _____

How was he/she harmed? _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Relationship to you _____

How was he/she harmed? _____

