

# REAL PROPERTY DISCRIMINATION QUESTIONNAIRE (2)

Minnesota Department of Human Rights  
Army Corps of Engineers Centre  
190 5th Street East — Suite 700  
St. Paul, MN 55101

The Department needs specific information in order to process or investigate a complaint. If the Department cannot locate you, your case may be dismissed. **PLEASE PRINT or TYPE.**

If you have questions or need help completing this document, call Intake at the Department of Human Rights at (612) 296-5663  
Toll free in Minnesota 1-800-657-3704  
TTY: (612)296-1283  
This questionnaire is available in other languages.

## 1. INFORMATION ABOUT YOU

Name \_\_\_\_\_ ( ) Home phone number \_\_\_\_\_

Street / Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

If you are under 18, provide the name of your parent or legal guardian and their address:

May we call you at work?  Yes  No Work phone number ( ) \_\_\_\_\_ Best time to contact you \_\_\_\_\_

### CONTACT PERSON — someone who will always know how to contact you (if possible, someone who does not live with you)

Name \_\_\_\_\_ ( ) Home phone number \_\_\_\_\_

Street / Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 2. PROPERTY INVOLVED IN YOUR COMPLAINT

Name of person involved \_\_\_\_\_ ( ) Phone number \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of property owner (or the person or company to whom you pay the rent, if you don't know the owner) \_\_\_\_\_ ( ) Phone number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location of the property \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person involved is the:  owner  manager  caretaker  real estate agent  banker  mortgage holder

Does the owner live in the building?  Yes  No  Don't know

Type of property involved:  apartment  duplex  fourplex  single family home  other \_\_\_\_\_

Do you have an attorney?  Yes  No If yes, name of attorney \_\_\_\_\_

Attorney's address \_\_\_\_\_ Phone number \_\_\_\_\_

Have you filed with any of the following agencies?  Yes  No If yes: Date \_\_\_\_\_ Charge # \_\_\_\_\_

HUD  Minneapolis Civil Rights  St. Paul Human Rights  Other \_\_\_\_\_

**3. TYPE OF PROBLEM INVOLVED IN THIS COMPLAINT** — check those categories that apply

- Denied rental. Application date \_\_\_\_\_ Date denied \_\_\_\_\_ Reason given \_\_\_\_\_  
How was the unit advertised? \_\_\_\_\_  
When available? \_\_\_\_\_ Type of building \_\_\_\_\_  
Amount of rent \$ \_\_\_\_\_ Amount of deposit \$ \_\_\_\_\_
- Harassment. Describe and give dates: \_\_\_\_\_  
\_\_\_\_\_
- Eviction. Date notified \_\_\_\_\_ Date effective \_\_\_\_\_  
Date moved in \_\_\_\_\_ Date moved out \_\_\_\_\_
- Refusal to show or sell a home. Listed by \_\_\_\_\_ Date refused \_\_\_\_\_
- Denied a mortgage or loan. Date applied \_\_\_\_\_ Date denied \_\_\_\_\_
- Other unfair treatment. Describe and give dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. BASIS OF DISCRIMINATION** —“I believe I was discriminated against because of my . . . ”  
— check only those categories that are the reason for this complaint

- Race:  White  Black  American Indian  Asian/Pacific Islander  Other \_\_\_\_\_
- Color \_\_\_\_\_
- Nationality or country of origin \_\_\_\_\_
- Religion \_\_\_\_\_
- Gender:  male  female
- Marital status:  single  engaged to be married  married  divorced  separated  widowed
- Familial status \_\_\_\_\_
- Creed \_\_\_\_\_
- Disability: name or description \_\_\_\_\_  
How is this a factor? \_\_\_\_\_
- Sexual orientation:  gay  lesbian  bisexual  transsexual  heterosexual  other \_\_\_\_\_
- Public assistance status: type of assistance involved \_\_\_\_\_
- Association with person(s) of another race, religion, national origin, sexual orientation, color, or creed
- Association with person(s) who have a disability
- Complaints about or opposition to discrimination

**5. POSSIBLE WITNESSES** — use additional sheets if necessary

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Best time to contact witness \_\_\_\_\_  
What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Best time to contact witness \_\_\_\_\_  
What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Best time to contact witness \_\_\_\_\_  
What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. DOCUMENTS THAT MAY HELP US INVESTIGATE YOUR COMPLAINT** — give the name and date of document and explain the information it contains; attach copies, if possible

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. HOW WERE YOU DISCRIMINATED AGAINST?** — add additional pages if necessary

1. Who discriminated against you or harassed you?

Name	Title	Address	Telephone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. When, approximately, did this happen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Where did this happen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Why do you think your (race, gender, religion, etc.) was a factor in this person's behavior toward you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Were others treated more favorably than you? If so, please give that person's name and describe how they differ from you and how they were treated more favorably.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did you tell someone about the incident? If yes, please give their names and tell about them. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What happened? Be specific and provide dates if possible. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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