



**City of Scranton**  
 HUMAN RELATIONS COMMISSION  
 340 N. Washington Avenue  
 Scranton, PA 18503

**SCRANTON HUMAN RELATIONS COMMISSION  
 HOUSING DISCRIMINATION QUESTIONNAIRE**

**1. YOUR CONTACT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

Phone Number (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ May we call you at work?  Yes  No

E-mail address: \_\_\_\_\_

Name, address and phone number of a person, who does **NOT** live with you and will know how to contact you.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
 Street Apt.

\_\_\_\_\_ City State Zip Code

E-mail address \_\_\_\_\_

**2. AGAINST WHAT BUSINESS, ORGANIZATION OR PERSON DO YOU WANT TO FILE YOUR COMPLAINT?**

Name \_\_\_\_\_

Address in PA \_\_\_\_\_  
 Street City State Zip Code

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Type of Business \_\_\_\_\_  
 (Example, realtor, property management company, landlord, etc.)

**NUMBER OF UNITS OWNED OR MANAGED BY THE ABOVE (If applicable).**

\_\_\_\_\_ Fewer than 4 \_\_\_\_\_ 4 to 15 \_\_\_\_\_ 15 to 20 \_\_\_\_\_ 20 or more

**3. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU\* PLEASE CHECK ALL THAT APPLY.**

Write the Date(s) you were harmed beside the discriminatory event or action:

\_\_\_ Denied rental \_\_\_\_\_ Date      \_\_\_ Eviction \_\_\_\_\_ Date      \_\_\_ Denied sale \_\_\_\_\_ Date

\_\_\_ Denied financing \_\_\_\_\_ Date      \_\_\_ Different/unequal treatment \_\_\_\_\_ Date

\_\_\_ Harassment \_\_\_\_\_  
(Complete question #7 if you were harassed.)

\_\_\_ Denied reasonable accommodation for a disability \_\_\_\_\_

\_\_\_ Denied reasonable modification for a disability \_\_\_\_\_

OTHER, please be specific: \_\_\_\_\_

**\*PLEASE ATTACH COPIES OF ANY DOCUMENTS SUCH AS A LEASE, RENTAL AGREEMENT, APPLICATION, LETTER, RECEIPT, NEWSPAPER AD, ETC. TO BACK UP WHAT YOU ARE SAYING.**

**4. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?**

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, age, sex, national origin, familial status, disability or the use, handling or training of a guide or support animal for blindness, deafness or physical disability. For example, If you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you feel you were treated differently because of your race and sex, please check both race and sex. **Only check those reasons which explain why you were harmed.** Also, please identify your race, color religion, national Origin or ancestry, **if** you were discriminated against based on those factors.

\_\_\_ Male      \_\_\_ Female      \_\_\_ Pregnant

\_\_\_ Age (40 or older only) Date of Birth \_\_\_\_\_

\_\_\_ Race \_\_\_\_\_      \_\_\_ Color \_\_\_\_\_

\_\_\_ Religion \_\_\_\_\_      \_\_\_ Ancestry \_\_\_\_\_

\_\_\_ National Origin (Country in which you were born) \_\_\_\_\_

\_\_\_ Association with a person of a different race than your own:

Your race \_\_\_\_\_ the other person's race \_\_\_\_\_

\_\_\_ Familial status (having a child, or children under age 18 housed by parent or legal guardian; or pregnant)

\_\_\_ Use of a guide or support animal for disability (please complete #6)

\_\_\_ Handling or training of a support animal for disability (please complete #6)

\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_ I have a disability. (please complete #6)      \_\_\_ The manager, etc. treats me as if I am disabled.

\_\_\_ I had a disability in the past. (please complete #6)

\_\_\_ I have a relationship or association with someone who has a disability. (please complete #6)

\_\_\_ **RETALIATION**

If you believe you were **harmed** because you complained about what you believe to be unlawful discrimination Because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in Complaining about discrimination, please complete the following information.

Date you filed a complaint with the Scranton Human Relations Commission \_\_\_\_\_  
If you filed a complaint with another agency, list the agency's name and date of filing:

\_\_\_\_\_  
Date you complained about discrimination \_\_\_\_\_

Date you assisted someone in complaining about discrimination \_\_\_\_\_

**5. STATE THE REASONS THE PROPERTY MANAGER, OWNER, ETC. GAVE FOR THE ACTIONS THAT HARMED YOU.** \_\_\_\_\_

\_\_\_\_\_  
Who told you about the reasoning for the action? Include his or her title or position. \_\_\_\_\_

\_\_\_\_\_  
When were you told about the action taken against you? \_\_\_\_\_  
Date(s)

\_\_\_ If you were given no reason, please check here.

Regarding how you were harmed, please identify a person or persons who were treated better than you. For example, as a Hispanic person inquiring about an apartment, you were told it was unavailable, but the apartment was rented the same day to a white, non-hispanic person.

Name of other person – First and Last (If known) \_\_\_\_\_

How is this person *different* from you? For example, what is his or her race, age, religion, etc. \_\_\_\_\_

\_\_\_\_\_  
Please explain **exactly** how this person was treated better or differently than you. Include dates. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. which can be investigated, and which directly relates to why you were treated differently than someone else. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #4 ABOVE, ANSWER THE FOLLOWING QUESTIONS.**

What is your disability? \_\_\_\_\_

How long have you had this disability and when did it start? \_\_\_\_\_

Do you still have this disability? \_\_\_\_\_

If yes, how much longer do you expect to have the disability? \_\_\_\_\_

What major life activities do **you have great difficulty performing** because of your disability (check all that apply)  Seeing  Hearing  Bending  Walking  Lifting  Stooping  Turning

Climbing  Running  Talking  Standing for long periods  Sitting for long periods

Caring for yourself  Thinking  Concentrating  Relating to Others

Other Major Life Activities (**Be specific**) \_\_\_\_\_

If you have had a disability in the past, when did it start, and what date did it end? \_\_\_\_\_

Who are the people that are treating you as disabled? (names & positions) \_\_\_\_\_

Why do you think that these people think or believe you have a disability? \_\_\_\_\_

How did your landlord, manager, etc. learn about your disability? \_\_\_\_\_

On what date did they learn about your disability? \_\_\_\_\_

If you are related to someone who has a disability, what is your relationship to this person? \_\_\_\_\_

What is this person's disability? \_\_\_\_\_

How and on what date did the landlord, manager, etc. learn about this person's disability? \_\_\_\_\_

Did you ask for an accommodation, modification or assistance?  Yes  No

IF YES,

(1) To whom did you make your request? \_\_\_\_\_

(2) On what date was the request made? \_\_\_\_\_

(3) Please describe the accommodation or modification you requested, and why. \_\_\_\_\_

Did the landlord, manager, etc. provide requested accommodation or modification?  Yes  No

If so, on what date? \_\_\_\_\_

Did he or she provide some other accommodation or assistance instead?  Yes  No

If yes, please explain. \_\_\_\_\_

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Did the landlord, manager, etc. deny your request for an accommodation or modification?  Yes  No

If so, who denied your request? \_\_\_\_\_

What date was the request denied? \_\_\_\_\_

What reason was given to you for the denial? \_\_\_\_\_

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**7. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #4, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.**

Name the person (s) who harassed you \_\_\_\_\_

His or her position or relationship to the landlord, manager, etc. \_\_\_\_\_

When were you harassed? Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

Is the harassment still continuing?  Yes  No

How often did the harassment occur? As well as possible, please indicate **date, month and year** of each incident and how often the harassing actions occurred.  One time only  Once a day  Several times daily

Multiple times/week  Multiple times/month

Please provide two or three examples of the harassment you experienced. \_\_\_\_\_

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Did you complain to anyone about the harassment?  Yes  No

To whom did you complain? \_\_\_\_\_

Did the harassment stop after you complained about it?  Yes  No

If it ended, on what date did it stop? \_\_\_\_\_

After you complained, were any other actions taken against you? (for example – eviction, denied service etc.)  
 Yes  No

What were the actions? \_\_\_\_\_

On what dates did they occur? \_\_\_\_\_

Who took the action against you? \_\_\_\_\_

Did this person know that you complained about the harassment?  Yes  No

**8. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOUR OR ANYONE ELSE). IF SO, PLEASE SPECIFY THE COURT AND**

THE DATE FILED, TO THE BEST OF YOUR MEMORY. \_\_\_ Yes \_\_\_ No

Court City County State Date filed

9. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed \_\_\_\_\_

Date of filing

Inquiry or Complaint number

10. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE YOUR ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT.)

**YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.**

*I HEREBY VERIFY THAT THE STATEMENTS CONTAINED IN THE FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALUSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA. C.S. SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORIES.*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES TO DESIBE WHAT HAPPENED TO YOU AS COMPLETELY AS POSSIBLE**

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