



**Office of Equal Opportunity**

301 N. Olive Avenue, 10th Floor  
West Palm Beach, FL 33401

(561) 355-4884

Fax: (561) 355-4932

[www.pbcgov.com/equalopportunity](http://www.pbcgov.com/equalopportunity)



**Palm Beach County  
Board of County  
Commissioners**

Maria Sachs, Mayor

Maria G. Marino, Vice Mayor

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Verdenia C. Baker

Dear Sir/Madam:

This is to acknowledge your recent inquiry regarding the filing of a possible complaint of Housing Discrimination. In order to more effectively assist you in this process, it is necessary for you to complete the attached Housing Discrimination Complaint Intake Questionnaire. This questionnaire should be completed in as much detail as possible, including names, titles, dates, actions, witnesses and so forth. Failure to accurately and fully complete this form will delay in evaluating your issue. You may return this completed form to us by hand-delivery, mail or facsimile.

Because of the large number of persons served by the Palm Beach County Office of Equal Opportunity, we are unable to provide telephonic case status updates. Please refrain from calling to determine case status. You will be contacted by an OEO Equal Opportunity Specialist if further information is needed. Otherwise, you will normally receive further communication from our office, in writing or by telephone, within thirty (30) days from when we receive the completed questionnaire from you.

Please be advised that there are time limits applicable to the filing of complaints of discrimination. The Palm Beach County Housing Ordinance requires filing within one year from the last discriminatory act. It is therefore of the utmost importance that you complete and return the form to this office as soon as possible in order to avoid losing your rights to pursue this potential claim.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in blue ink that reads "Pamela Guerrier".

Pamela Guerrier, Director  
Office of Equal Opportunity

*"An Equal Opportunity  
Affirmative Action Employer"*

# HOUSING DISCRIMINATION COMPLAINT QUESTIONNAIRE

Palm Beach County Office of Equal Opportunity  
301 North Olive Avenue, 10th Floor – West Palm Beach, FL 33401  
Telephone: (561) 355-4883 | FAX: (561) 355-4932 | TDD: (561) 355-1517  
<http://www.pbcgov.com/equalopportunity>

**IMPORTANT NOTICE TO POTENTIAL COMPLAINANT:** Completion of this form is necessary in order for the Office of Equal Opportunity (OEO) to determine if you have sufficient legal grounds to initiate the filing of a complaint of housing discrimination. Completion and submission of this Questionnaire does not constitute the filing of a complaint of discrimination. Upon receipt of this completed Questionnaire, we will determine if you have stated sufficient factual allegations to proceed further. If the facts are not sufficient, we will either contact you for further information or notify you of our determination that the facts are not sufficient. If the facts are sufficient, a complaint will be prepared for you to sign and return to OEO for filing and investigation. You must return the signed, notarized complaint form so that it is received by OEO within one (1) year of the date of the most recent act of alleged discrimination.

*When completing this form, please print legibly or use typewriter.  
Please do not write on the back of the page. Use additional sheets if necessary.*

## PERSONAL INFORMATION

1. My name is \_\_\_\_\_  
First Middle Name or Initial Last
2. My date of birth is \_\_\_\_\_
3. My gender is \_\_\_\_\_ and my racial identity is \_\_\_\_\_  
 Hispanic or Latino     Not Hispanic or Latino
4. I reside at \_\_\_\_\_  
in the City of \_\_\_\_\_ County of \_\_\_\_\_  
State of \_\_\_\_\_ Zip Code \_\_\_\_\_
5. My daytime telephone number, including the area code, is \_\_\_\_\_
6. My evening telephone number, including the area code, is \_\_\_\_\_
7. The name of a person who will know how to reach me is \_\_\_\_\_  
Their telephone number, including the area code, is \_\_\_\_\_
8. My email address is \_\_\_\_\_  
**(NOTE:** Under Florida law, email addresses are public records. Do not provide your email address if you do not want it released in response to a public records request.)
9. How did you hear about us?  
 Referred by \_\_\_\_\_  
 Attended which outreach event? \_\_\_\_\_

## INFORMATION ABOUT THE HOUSING PROVIDER

What is the name of the housing provider, landlord, condominium association, homeowner's association, realtor, etc., that you believe discriminated against you?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

What is the address of the house or property that is involved in your discrimination claim?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

In what Florida county is this property located? \_\_\_\_\_

Were you residing at the above address at the time of the alleged discrimination?  Yes  No

If you answered "yes" to the above question, when did you first move to this address? \_\_\_\_\_

How many units are located at this address? \_\_\_\_\_

Subject property is:  Multi-family (apartment/condominium) -or-  Single-family

Please indicate the basis upon which you believe you were discriminated against. (*Check and respond only to those that are applicable to your case.*)

**Race.** If your claim is based on race, what is your race? \_\_\_\_\_

**Color.** If your claim is based on color, what is your color? \_\_\_\_\_

**National Origin.** If your claim is based on national origin, what is your national origin? \_\_\_\_\_

**Sex.** If your claim is based on sex (or gender), what is your sex (gender)? \_\_\_\_\_

If your claim is based on sexual harassment, did you report the alleged harassment to the housing provider?  Yes  No

If yes, what actions did the housing provider take based upon your report? \_\_\_\_\_

\_\_\_\_\_

**Age.** If your claim is based on age, what is your age? \_\_\_\_\_

**Religion.** If your claim is based on religion, what is your religion? \_\_\_\_\_

Did you request an accommodation for a religious practice or belief?  Yes  No

If yes, what was the housing provider's response to your request? \_\_\_\_\_

**Familial Status.** If your claim is based on familial status, please indicate the number and ages of your dependent child(ren):

\_\_\_\_\_

**Disability.** If your claim is based on disability, what is your disability? \_\_\_\_\_

**(NOTE: IF YOUR CLAIM IS BASED ON A DISABILITY, PLEASE COMPLETE THE ATTACHED DISABILITY QUESTIONNAIRE.)**

Did you request an accommodation or modification for your disability?  Yes  No

If yes, what accommodation or modification did you request? \_\_\_\_\_

What was the property owner's/housing provider's response to your request for an accommodation or modification?  
\_\_\_\_\_

**Marital Status.** If your claim is based on marital status, please indicate whether you are:

single  married  divorced  other (*please specify*) \_\_\_\_\_

**Sexual Orientation.** If your claim is based on sexual orientation, what is your sexual orientation? \_\_\_\_\_

**Gender Identity or Expression** \_\_\_\_\_

**Retaliation.** If your claim is based on retaliation, have you previously filed a housing discrimination claim with either HUD, FCHR or OEO?  Yes  No

Have you previously filed a claim of housing discrimination through the housing provider's internal procedures?  Yes  No

Have you testified or assisted someone else in protecting their rights under the fair housing laws?  Yes  No

The most recent act of discrimination took place on \_\_\_\_\_  
Month Day Year

### **BRIEF STATEMENT REGARDING YOUR DISCRIMINATION CLAIM**

Briefly describe the action that was taken against you that you believe to be discriminatory. Indicate what harm, if any, was caused to you or others in your party or family as a result of this alleged action. (For example: Were you refused rental leasing? Were you subjected to different terms and conditions? Was housing falsely denied as being available? Were you harassed? Were you denied a mortgage/insurance/financing?, etc.)

*Use additional sheets if necessary. Please do not write on the reverse side of the page.*

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What reason, if any, did the housing provider give for the alleged discriminatory treatment?

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Why do you believe that the action taken against you was discriminatory?

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The names, addresses and telephone numbers for all persons who have knowledge about the alleged discriminatory treatment are listed below. I have also given a summary of what each person knows about this matter.

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What relief are you seeking in this matter? \_\_\_\_\_  
\_\_\_\_\_

Would you be willing to accept to resolve this matter immediately?  Yes  No

Are you willing to participate in mediation to seek an early resolution of your claim(s)?  Yes  No

Have you sought assistance from any other agency, attorney, etc.?  Yes  No

If yes, what is the name of the source of assistance? \_\_\_\_\_

Date of assistance \_\_\_\_\_ Results, if any \_\_\_\_\_

Have you previously filed a complaint with OEO or HUD?  Yes  No

If yes, when did you file? \_\_\_\_\_ Complaint No. (if known) \_\_\_\_\_

A. I have been advised by a representative of the Palm Beach County Office of Equal Opportunity (OEO) that completion of this Questionnaire is necessary in order for the Office of Equal Opportunity to determine if I have sufficient legal grounds to initiate the filing of a complaint of housing discrimination. I understand that completion and submission of this Questionnaire does not constitute the filing of a complaint of discrimination and that upon receipt and review of this completed Questionnaire, OEO will determine if I have stated sufficient factual allegations to proceed with the actual filing of a complaint of discrimination.

B. I understand that to be timely filed, a complaint of discrimination must be received by OEO within one (1) year of the date of the most recent act of alleged discrimination.

**Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.**

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Date Signed \_\_\_\_\_



Palm Beach County  
Board of County Commissioners





## Palm Beach County Office of Equal Opportunity – Complaint Review Process

Below is an explanation of what you can expect regarding how your complaint will be processed in our office.

- **You should expect to receive a call or letter from the Equal Opportunity Specialist (EOS) assigned to your complaint within 30 days from the date we received your completed housing discrimination complaint questionnaire. Depending on the type of complaint and the issues associated with your complaint, the review process may take several weeks after we have all the needed information to process your complaint.**
- All complaints received are not accepted and referred for investigation.
- **The EOS does NOT communicate or make contact with the person(s) you are complaining about during the review process.**
- **We do NOT advocate or represent you (the complainant(s)) or the person(s) you are complaining about (respondent(s)).**
- We conduct a review of your complaint to determine if the issue(s) you are complaining about meet the jurisdictional or allowable requirements of the fair housing laws.
- You will be asked to answer specific questions which are necessary for us to determine if your complaint can be accepted and referred for investigation.
- You will also be asked to provide documents necessary to complete the review of your complaint.
- Be advised that our office is responsible for reviewing all complaints received for all persons making a complaint involving allegations of housing discrimination within Palm Beach County. We process complaints in the order received. Therefore, in the interest of assuring a thorough review of your complaint, your patience is appreciated.

### **Complaints NOT Accepted for Investigation:**

IF after reviewing your complaint and documents, it is not accepted for referral for investigation:

- You will receive correspondence giving you the reason(s) why your complaint was not accepted for investigation and why the file will be closed.
- In some instances, we may refer you to a different County department or outside agency that may be able to help you with your non-jurisdictional complaint.

**Complaints Accepted and Referred for Investigation:** IF your complaint is accepted and referred for investigation:

- The EOS will prepare the formal complaint for your signature. The summary of allegations will be written in a different format from the information you originally provided.
- Additionally, the complaint will include your name and address, the name(s) of the persons living in the unit, the names of the persons alleged to have violated the fair housing law (which could include the owner and management company for the property).

## Palm Beach County Office of Equal Opportunity – Complaint Review Process

- You should review the document carefully to ensure that it is consistent with your allegations, sign it and return it to the EOS as soon as possible (ASAP). If you do not agree with the summary of allegations, **do NOT write on the actual document**, you should contact the EOS ASAP.
- **If you do not return the signed complaint your case will NOT be referred for investigation, therefore, it will be closed due to your failure to respond.**
- Upon receipt of the signed complaint, the EOS transfers your file for investigation. The EOS no longer has responsibility for your file or regarding your case.
- You and the person(s) you complained about will receive a formal letter giving you the case name, number and the contact information regarding the investigation.  
your case.
- Your case will be assigned to an investigator after we receive the signed complaint from you. **All further communication should be with the assigned investigator.**
- The assigned investigator will then contact you and the person(s) or organization you complained about.
- You should keep all documents related to your complaint such as receipts, letters, newspaper or internet ads, telephone numbers, tapes, photos, etc. in a safe place because the assigned investigator will need them. **PLEASE NOTE THAT INFORMATION PROVIDED TO THE OEO ARE PUBLIC RECORDS AND OPEN TO THE PUBLIC AS PROVIDED BY LAW. DO NOT PROVIDE OEO WITH RECORDS YOU DO NOT WANT TO BE PUBLIC.**
- You will also be asked to write down a timeline of what happened that led you to file the complaint. The timeline will assist the investigator in the investigation.
- The assigned investigator will also discuss options for settlement of your case if both parties agree to participate in conciliation.

We appreciate your patience and cooperation. Thank you.