

FAIR HOUSING INITIAL INQUIRY QUESTIONNAIRE

This form DOES NOT represent a charge of discrimination.

In order to file a discrimination charge in the State of Nebraska, please complete and return this form to the NEOC. Upon receipt of this form, a Housing Investigator will contact you to schedule an interview. After the scheduled interview, the Housing Investigator will then draft a charge of discrimination, which will be mailed to you. In order to formally file the Complaint, the Complaint will need to be signed and dated in front of a notary and returned to the NEOC. A Complaint can only be investigated after the signed, notarized Complaint is received by the NEOC.

Complete all portions of this document. Type or Print only. **DO NOT** write on the back of any page in this form.

If you need accommodation to fill out this form please contact the NEOC's intake unit via phone or email

Personal Information

Last Name:		First Name:		MI:	Suffix:
Street or Mailing Address:				Unit/apt. #	
City:	State:	Zip:		County:	
Cell Phone:		Home Phone:		Work Phone:	
E-mail Address:					
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please answer each question:

Are you Hispanic or Latino? Yes No

What is your Race? Please choose all that apply:

- American Indian or Alaska Native Asian White Black or African American
 Native Hawaiian or other Pacific Islander

What is your National Origin (country of origin/ancestry/ethnicity)?

How did you hear about the Fair Housing Act? (Website, Attorney, Internet, media, etc.)

Alternate Contact Information (Please provide a contact person with a different contact number than you)

Last Name:		First Name:	
Street or Mailing Address:			
City:	State	Zip	County
Phone: <input type="checkbox"/> Cell or <input type="checkbox"/> Home		E-Mail Address:	

What is the most recent date on which you allege you were discriminated against?

Is the discriminatory treatment continuing? Yes No



In the state of Nebraska, an individual has a maximum of 365 days from the act of housing discrimination to file a complaint with the NEOC. If you are close to the 365th day, please **STOP** filling out this form, and call our office at **(800) 642-6112** or **(402) 471-2024**.

What Happened To You?

- Subjected to different or unfair requirements: different rules or standards than others when renting, buying or living in my home, or was denied services or privileges
- Refused the opportunity to rent or buy, and/or was refused the opportunity to even apply, and/or was told that a home was not available when it actually was
- Saw a discriminatory advertisement/notice, or experienced a discriminatory statement
- Denied a requested reasonable accommodation or modification for a disability (including service/assistance/support animals), or the accommodation or modification was unreasonably delayed
- The home is not accessible in some way (parking, entrance, kitchen, bathroom, etc.) for a disability
- Experienced harassment that was either severe or repetitive; or coerced, intimidated, or threatened
- Experienced discrimination in regards to a home-related loan
- Steered to another home that wasn't a first choice
- Other (you will have a chance to explain during your intake interview)

The Nebraska Equal Opportunity Commission investigates complaints of discrimination that have happened because of a protected basis.

In order to file a charge of discrimination, you must state the discrimination occurred due to at least one of the following (select all that apply):

- Race
 - Color
 - National Origin (includes country of origin, ethnicity, and accent)
 - Religion (please specify _____)
 - Familial Status (families with children under 18, pregnant, or in the process of gaining custody)
 - Sex (includes sexual harassment and pregnancy)
 - Disability
 - Retaliation (after engaging in an activity protected under the Fair Housing Act, or encouraging another to do so)
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Who discriminated against you?

To file a complaint, you must allege that one or more persons or entity (such as a management company, organization, landlord, real estate agency, apartment owner, owner selling a house, etc.) discriminated against you. In the section below, give as much information on the person or entity (known as "the Respondent") you believe is most responsible for the discrimination you are alleging. Gather similar information and have it ready for your interview for any additional people or entities if there is more than one responsible party.

- Landlord
 Real Estate Agent
 Broker
 Owner
 Association
 Organization
 Property Management
 Banker
 Company

Owner Name:			
Organization Name:			
Street or Mailing Address:			
City:	State	Zip	County
Person you spoke to:		Phone:	

Where did the alleged act of discrimination occur?

- Apartment Complex
 Condominium Association
 Single family home
 Public or Assisted Housing
 Bank or other Lending Institution
 Mobile Home Park

If the property where the alleged act occurred has multiple units, how many total units are there?

Please provide the exact address of the property where the alleged act occurred:

Business, Complex, or Building Name:			
Street or Mailing Address:			Unit/apt. #
City:	State	Zip	County
Work Phone Number:		Cell Phone Number:	

Please check the appropriate type of transaction for what you were doing or attempting to do when the alleged discrimination occurred:
 Purchase
 Rent
 Borrow

ave you also filed this complaint with the United States Housing and Urban Development (HUD), or any other federal, state or local agency, including court? Yes No

If yes, complete the following:

Name of Agency or Court:	
Case Number:	Date you filed the complaint:
Name of Contact Person	Phone:

Representation Information:

Have you hired an attorney who will represent you during the investigation? Yes No

If yes, please include a letter of representation from the attorney with this form.

Note: You do not need to hire an attorney to file a charge with this agency.

COMPLETION AND SUBMISSION OF THIS QUESTIONNAIRE DOES NOT IMPLY OR CONSTITUTE THE FILING OF A COMPLAINT.

If an appointment is scheduled, be prepared to provide details at your interview about what happened including dates, names of individuals involved, and names of individuals treated differently, if any.

Please submit your completed form in one of the following ways:

**Nebraska Equal Opportunity Commission
P.O. Box 94934
301 Centennial Mall, 5th Floor
Lincoln, NE 68509-4934**

Fax: (402) 471-4059

Email: neoc.intake@nebraska.gov

Upon receipt of your completed form, you will be contacted during business hours via telephone by our Housing unit to schedule an interview.

If you have any questions regarding our process, you can contact our office at:

(402) 471-2024 or (800) 642-6112