



CITY OF DECATUR, ILLINOIS

#1 GARY K. ANDERSON PLAZA, DECATUR, ILLINOIS 62523-1196

COMMISSION
"United For a Better Community"

YOU MAY FILE A CHARGE FOR UNLAWFUL HOUSING/REAL ESTATE TRANSACTION

READ THE FOLLOWING BEFORE CONTINUING WITH THIS FORM

Before a housing charge can be filed, you must fill out this questionnaire. We must establish if we have the right under *Decatur City Code, Chapter 28, Article 9*, to investigate your housing claim. If for any reason we believe we do not have the authority to investigate your claim, we will tell you the reason(s). If we tell you that we lack the authority to investigate your claim, you can still file a charge with us. However, the Commission would dismiss your charge.

Chapter 28 requires that a charge be filed within **180 days** of the date of the action(s) taken against you. If you are returning this form by mail, it must be postmarked no later than 180 days from that date and must be addressed to the Human Relations Commission.

If you use additional paper to answer any of the questions on this form, state the number of the question you are answering.

If the Commission accepts your housing claim, the information will be typed on the Commission's official charge form. You must sign that form and have it notarized before any investigation can begin.

Persons with disabilities who need accommodation to participate in the Human Relations process should request such help from the Human Rights Officer for the City of Decatur, by calling (217) 424-2805 or in writing to One Gary K. Anderson Plaza, Decatur, IL 62523.

I have read "YOU MAY FILE A CHARGE."

Printed Name

Signature

Date

NOTE

- The Commission can investigate only those charges of housing discrimination that are based on **race; color; sex; age (40 and over); religion; national origin; sexual orientation; citizenship status; familial status (exclusion of one or more persons under the age of 18); physical and/or mental disability unrelated to ability to secure, rent, or maintain property; association with a physically or mentally disabled person who resides or wishes to reside in the property; association with any disabled person; unfavorable military discharge; marital status; sexual harassment; retaliation for opposing unlawful discrimination based on any of the categories mentioned; or helping or forcing a person to commit unlawful discrimination based on any of the categories mentioned.**

THE COMMISSION CANNOT:

- investigate unfair housing/real estate transactions when the bases for the charge are solely a personality conflict or disagreement between the parties, unless such actions are alleged to be discriminatory for one of more of the reasons listed above.
- investigate charges against the Federal Government or Federal Officials.
- **DO NOT SIGN THE LAST PAGE OF THIS PACKET UNLESS IT IS WITNESSED AND SIGNED BY A NOTARY PUBLIC.**

Before completing this form, please read Pages 1 & 2.

PLEASE PRINT

Today's Date: _____

1A. Your information:

(Mr./Ms./Mrs.) _____ Date of Birth: _____

Address _____ Age: _____

City _____ State _____ Zip Code _____

Phone Number (include area code) _____

1B. The name of a person who is able to contact you in the event this office is unable to locate you to discuss this complaint, other than the person(s) with whom you live.

Contact information:

(Mr./Ms./Mrs.) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (include area code) _____

2. If you have children, state their names and ages:

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

3. Write out the complete address of the property that was involved:

Address: _____

Lot # or Apartment # (specify) _____

City _____ State _____ Zip Code _____

4. Who is the person or organization (the Respondent) that discriminated against you?

(Mr./Ms./Mrs.) _____

Address _____

City _____ State _____ Zip Code _____

5. What kind of house, rental unit or property was involved?

_____ Single Family House

_____ Mobile Home Park

_____ Bldg. for 2,3,4 or 5 families

_____ Commercial Space

_____ Bldg. for 6 or more families.

_____ Vacant Land

_____ Other (specify) _____

5. Does the owner live on the premises? _____ Yes _____ No _____ Unknown

6. Is a federal or state rent subsidy involved? _____ Yes _____ No _____ Unknown

7. Is the property still available? _____ Yes _____ No _____ Unknown

8. The Commission can investigate only those charges of housing discrimination that are based on race; color; sex; age (40 and over); religion; national origin; sexual orientation; citizenship status; familial status (exclusion of one or more persons under the age of 18); physical and/or mental disability unrelated to ability to secure, rent, or maintain property; association with a physically or mentally disabled person who resides or wishes to reside in the property; association with any disabled person; unfavorable military discharge; marital status; sexual harassment; retaliation for opposing unlawful discrimination based on any of the categories mentioned; or helping or forcing a person to commit unlawful discrimination based on any of the categories mentioned.

By law, the Commission cannot investigate any other category. You must write out which category (or categories) which apply(or applies) to your housing problem.

9. If you wrote physical or mental disability as a basis for discrimination, state your medically diagnosed disability (or disabilities).

_____, the physical or mental disability of the person residing or intending to reside with you _____

_____, or the physical or mental disability of the person with whom you are associated _____.

Explain how and when the Respondent became aware of each disability: _____

10. Explain the action(s) that was (were) taken against you. Include the date(s) of each action.

_____ Refusal to rent
date _____

_____ Terms and conditions (specify below):
_____ of sale _____ date _____

_____ Refusal to sell
date _____

_____ of financing _____ date _____
_____ of broker services _____

_____ Refusal to show property
date _____

- date _____
- _____ False denial that property was available _____ Limitation on occupancy
 date _____ date _____
- _____ Refusal to negotiate _____ Creating alarm about a "changing neighborhood"
 date _____ date _____
- _____ Refusal to transmit offer _____ Directing you toward certain locations
 date _____ date _____
- _____ Use of listing _____ Vacating premises or eviction
 date _____ date _____
- _____ Failure to design or construct a covered multi-family dwelling in an accessible manner.
 date _____
- _____ Refusal to make a reasonable accommodation for persons with disabilities in rules, policies
 or service. date _____
- _____ Discrimination based on the use of a guide, hearing or support dog. date _____
- _____ Refusal to permit, at the expense of the disabled person, reasonable modification of existing
 premises to make them accessible. date _____
- _____ Other (specify) _____
 _____ date _____

11. What did the Respondent(s) state to you as the reason(s) for taking each action against you? Discuss each action separately.

12. Where are you currently employed? _____
 Title: _____ Salary \$ _____ per _____.

13. List all other sources of income: _____

14. What is the total family income? \$ _____ per _____.

15. If the housing action was taken against you because of your association with a disabled person, state the person's name and your relationship (parent, spouse, child, friend, etc.)

Name: _____

Relationship: _____

16. If you are complaining about a denial of reasonable accommodation or a refusal to allow you to make a reasonable modification to the premises, did you ask for accommodation or the right to make reasonable modification to the premises? Yes _____ No _____

If yes, what accommodation or modification did you request? _____

When did you make your request? _____ What response did you receive? _____

17. As a disabled person, or through your association with a disabled person, if you were denied a housing opportunity due to an ordinance, rule or regulation of a local government unit, state the ordinance in question: _____

18. Explain to us, if you know, how other persons in your housing situation have been treated. Include persons who have lived in this property or who have applied to rent or buy this property. Give us the names and address and phone numbers, if you can:

19. If you have any witness(es) who can support your claim of housing discrimination, state the names, addresses and phone numbers:

Name: _____ Address: _____ Phone # _____
Name: _____ Address: _____ Phone _____
Name: _____ Address: _____ Phone # _____

20. Do you have any documents to support your claim of housing discrimination?

_____ Yes _____ No

21. Have you tried to resolve your housing problem prior to coming to the Human Relations Commission? _____ Yes _____ No

If yes, briefly describe your actions and the results so far: _____

22. Were you asked for credit information? _____ Yes _____ No

23. Do you have credit references? _____ Yes _____ No

24. Was a report from a credit bureau obtained? _____ Yes _____ No _____ Unknown
If yes, please supply a copy.

25. Was employment or length of employment verified? _____ Yes _____ No

26. Was income verified? _____ Yes _____ No

27. How long have you lived at your present address? _____

28. Was your residence verified? _____ Yes _____ No

29. Have you every filed bankruptcy? _____ Yes _____ No

If yes, when? _____

30. Have you ever had a garnishment, attachment, foreclosure, repossession or judgment for unpaid bills? _____ Yes _____ No

If yes, please explain: _____

31. Do you have unpaid bills or obligations? _____ Yes _____ No

If yes, state creditor(s) and amount(s):

Creditor: _____ Amount: _____

32. Have you filed an action regarding this housing problem with any other agency?

_____ Yes _____ No

If yes, give the date and name of the agency: _____

33. What relief are you seeing to resolve your housing problem?

34. If you wrote retaliation as a basis of discrimination, state how you opposed unlawful discrimination (i.e., testified at a discrimination hearing, filed a prior discrimination claim, or complained about unlawful discrimination). Include dates, charge numbers, and/or the name and title of the person to whom you complained.

35. PERSONAL DATA

We would like to have some information for statistical purposes. Please provide the following information (not required):

Date of Birth: _____

Sex: _____

Education: ___ Grade School ___ High School
 ___ College ___ Graduate Work
 ___ Trade School ___ Degrees or Certificate Earned

Please indicate from the list below national origin(s) or ancestry with which you most strongly identify: (please circle)

P = Puerto Rican	S = Philippines	C = Greece
M = Mexican	U = U.S.A.	Y = Italy
H = Other Hispanic	N = India	B = Korea
O = Poland	K = Pakistan	V = Vietnam
E = Other Eastern Europe	R = Liberia	J = Japan
I = Ireland	T = Haiti	Z = Other
W = Other East Asia	F = Other African/Non-Arab	

36. Please specify how you learned of or who referred you to our office. This information will be used to enable us to better serve the public.

SIGNATURE OF COMPLAINANT

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Complainant's Signature

Month Day Year

NOTARY (when necessary for state and local requirements)

Subscribed and sworn to before me this date:

NOTARY PUBLIC SEAL