

City of Austin Office of Civil Rights

1050 E. 11th Street, Suite 200, Austin, TX 78702
Mailing Address: P.O. Box 1088, Austin, TX 78767



HOUSING INTAKE QUESTIONNAIRE

Thank you for contacting the Office of Civil Rights (OCR). The information you give us on this intake questionnaire will help us assist you and determine if your concerns are covered by the discrimination laws that we enforce. Answer all questions completely.

This intake questionnaire is not an official complaint.

First Name

Last Name

Middle Initial

Cell Phone No.

Home Phone No.

Street Address (City, State and Zip Code)

Mailing Address (if different from above)

Email Address

Please list any other person(s) who are affected by the alleged discriminatory act:

Gender Identity: Male Female Transgender Non-Binary Prefer not to say

Do you need language assistance? No Spanish/Espanol TTY or ASL

Other Language? _____

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**Please provide the name, address, and telephone number of
the person you believe discriminated against you**

Name

Phone No.

Street Address (City, State and Zip Code)

Mailing Address (if different from above)

Email Address

Name of the Entity

Property Involved

Provide the name, address, and telephone number of others (if any) you believe violated the law in this case:

Why do you believe that you were discriminated against? (Check all that apply)

- Race
- Color
- Religion
- National Origin
- Marital Status
- Sexual Orientation
- Student Status
- Familial Status
- Sex
- Age (18 or older)
- Creed
- Source of Income (Veterans Only)
- Gender Identity
- Disability
 - I have a disability
 - I had a disability in the past
 - I don't have a disability, but I am treated as if I do
 - I am closely related to or associated with a person with a disability

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First Date of Discrimination Harm/Allegation: _____

Last Date of Discrimination Harm/Allegation: _____

A Please give a brief description of what happened:



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Are there any witnesses to any of the actions you have reported?

Name

Phone No.

Email Address

Name

Phone No.

Email Address

Name

Phone No.

Email Address

Have you already filed a housing discrimination complaint?

Yes No

If yes, provide the date the complaint was filed: _____

Name of the Agency: _____

Are you working with an attorney?

Yes No

If yes, provide the following:

Name

Email Address

Phone No.

Signature of Complainant

Date

Signature of Agency Representative

Date