

# City of Austin Office of Civil Rights

505 Barton Springs Road, Suite 515, Austin, TX 78704  
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? \_\_\_\_\_

[austintexas.gov/ocr](http://austintexas.gov/ocr)  
Direct Number (512) 974-3251  
Fax Number (512) 974-3278

*The City of Austin is committed to compliance with the Americans with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.*

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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:

**Attorney Name**

**Attorney Email Address**

**Attorney Phone No.**

Electronic Signature

Date

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