



PHILADELPHIA COMMISSION ON HUMAN RELATIONS

HOUSING AND REAL PROPERTY DISCRIMINATION INTAKE FORM

INSTRUCTIONS

This packet contains the form you will need to complete to begin the process of filing a discrimination complaint with the Philadelphia Commission on Human Relations (PCHR). You can also download and print this form from our website: www.phila.gov/humanrelations. The form asks for some of the basic information that we need to decide whether or not we can investigate your housing and real property discrimination complaint. If you have difficulty understanding these instructions or have questions, our staff can assist you.

The Housing and Real Property Discrimination Intake Form asks questions about why you believe you were treated unfairly and how you believe this treatment violated the law. In Philadelphia, the law protects individuals against unfair treatment in housing and real property related matters on the basis of:

- Age, Ancestry, Color, Disability, Ethnicity, Familial Status (presence of Individual under 21), Gender Identity, Victim of Domestic Violence Sexual Assault or Stalking, Source of Income, Marital Status, National Origin, Race, Religion, Retaliation, Sex, Sexual Orientation

The PCHR Cannot Investigate Housing and Real Property Complaints Based on General Mistreatment

There are many reasons people are treated unfairly, and several of these reasons may not be against the law. The PCHR can only investigate housing and real property complaints based on illegal mistreatment relating to the factors identified above. By law, the PCHR cannot handle general housing and real property related concerns based on any other factors. In addition, your complaint should relate to mistreatment that affected you personally. You cannot file a complaint about the treatment of someone else unless you have the legal right to represent that person (e.g., because you are the person's parent or guardian).

Complete the attached form only if you believe you have been discriminated against because of one of the bases listed above. Please take the time to answer all questions completely and accurately.

Special Instructions during the Covid-19 Pandemic:

Our office is currently closed to the public because of the pandemic. However, PCHR is still accepting and investigating complaints of discrimination. Once you have completed this Intake Form, please submit it to our office by U S Mail, Email or Fax.

Mailing address: Philadelphia Commission on Human Relations, The Curtis Center, 601 Walnut Street, Suite 300 South, Philadelphia, PA 19106

Email address: pchr@phila.gov

Fax: 215 686 4684

If after reviewing this form you still have questions, please leave a message on the general phone number.

General Phone Number: 215-686-4670, TTY: 215-686-3238

Important:

Submitting the enclosed form does not mean you have filed a discrimination complaint. Once we receive your Intake Form a PCHR staff person will review your form, then contact you to let you know whether we can assist you. Preparing and filing a discrimination complaint is a complex matter. Please plan for the intake process to take at least 2 hours.

SPECIAL INSTRUCTIONS IF DISCRIMINATION OCCURRED MORE THAN 300 DAYS AGO:

The Philadelphia Commission on Human Relations can only investigate discrimination that occurred within the past 300 days. If your complaint involves events that occurred more than 300 days, please contact our office immediately. If you fail to complete all of the steps for filing a complaint within the legal time period, our staff will not be able to investigate your complaint.



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COMPLAINTS MUST MEET CERTAIN REQUIREMENTS. Please check the boxes to confirm that your claim meets the necessary criteria:

- Discrimination occurred in the city of Philadelphia.
Discrimination occurred within the past 300 days.
I have not filed a complaint with the Pennsylvania Human Relations Commission with regard to the same discriminatory acts I will describe in this Intake Form.



If your complaint does not meet the above requirements, PCHR may not be able to investigate it. If you have questions, you may speak with an Intake Representative at 215-686-4670, TTY 216-686-3238.

Some of your answers may require more space than provided here. Please attach additional pages if necessary.

1. PERSONAL INFORMATION

Form with fields for Legal Last Name, Legal First Name, Middle Initial, Preferred Last Name, Preferred First Name, Preferred Pronoun(s), Date of Birth, Cell Phone, Home Phone, Email Address, Work Phone, Street Address, City, State, Zip Code.

2. FILING ON BEHALF OF ANOTHER PERSON Yes No

If yes, what is the name of the person who experienced discrimination?

Form with fields for First Name, Last Name, Relationship to You.

Please attach documentation establishing your authority to file on behalf of person named above.

3. NAME OF ORGANIZATION (e.g. property developer, property management company, bank mortgage company) YOU BELIEVE DISCRIMINATED AGAINST YOU

Form with fields for Name of Organization, Street Address, City, State, Zip Code, Phone, Email.

4. BASES OF DISCRIMINATION (Protected Categories)

I believe I was discriminated against because of my_____. Please check all that apply. For each category, please state how you identify yourself. *For example*, if you checked religion, please specify your religion (such as Catholic, Islam, Jewish, Protestant, Seventh Day Adventist, Sikh). **For** additional information see website <https://www.phila.gov/services/diversity-inclusion-accessibility-immigration/discrimination/> .

- | | |
|--|---|
| <input type="checkbox"/> Age_____ | <input type="checkbox"/> Marital Status _____ |
| <input type="checkbox"/> Ancestry _____ | <input type="checkbox"/> National Origin _____ |
| <input type="checkbox"/> Color (Difference in skin shade within same race) _____ | <input type="checkbox"/> Race_____ |
| <input type="checkbox"/> Disability (or Perceived Disability)_____ | <input type="checkbox"/> Religion_____ |
| <input type="checkbox"/> Victim of Domestic Violence, Sexual Assault or Stalking _____ | <input type="checkbox"/> Sex/Gender_____ |
| <input type="checkbox"/> Ethnicity_____ | <input type="checkbox"/> Sexual Orientation _____ |
| <input type="checkbox"/> Familial Status _____ | <input type="checkbox"/> Source of Income _____ |
| <input type="checkbox"/> Gender Identity_____ | <input type="checkbox"/> Retaliation for Prior Discrimination Complaint or Engaging in a Protected Activity _____ |
| <input checked="" type="checkbox"/> Other (Explain): _____ | |

5. DISCRIMINATORY ACTION TAKEN AGAINST YOU

How were you harmed? Please check the box next to the discriminatory action taken against you then describe the harm in further detail in the space provided in number 6. Please note this is not a complete list of possible discriminatory actions. If the harm you experienced is not on this list, check the box marked *other*, identify the harm in a few words then describe it in further detail in number 6. Add additional pages if necessary.

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| <input type="checkbox"/> Application States or Implies a Preference for or Excludes Person in a Protected Category | <input type="checkbox"/> Solicit Owner to Sell When Sale Not Desired |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Solicit Owner to Sell When Owner’s Name Appears on <i>Do Not Solicit List</i> |
| <input type="checkbox"/> Advertising States or Implies Preference for or Excludes Person in a Protected Category | <input type="checkbox"/> Solicit Property for Rent or Sale without Proper License |
| <input type="checkbox"/> English Language Only Rule/ Other Language /Accent Issues | <input type="checkbox"/> Harassment/ Sexual Harassment |
| <input type="checkbox"/> Fail to Accommodate Because of Disability _ | <input type="checkbox"/> Steer Home Buyer or Renter Away from Location |
| <input type="checkbox"/> Fail to Accommodate Because of Religion _ | <input type="checkbox"/> Unfavorable Terms Conditions or Privileges of Sale or Rental When Compared to Similarly Situated Person |
| <input type="checkbox"/> Fail to Post Required Notice | <input type="checkbox"/> Threatened Intimidate/ Coerce |
| <input type="checkbox"/> Financial Inquiry States or Implies a Preference for or Excludes Person in a Protected Category | <input type="checkbox"/> Transfer Property to Perpetuate Discrimination |
| <input type="checkbox"/> Give False or Misleading Information About a Property | <input type="checkbox"/> Deny or Limit Rental or Sale through Quota System |
| <input type="checkbox"/> Harassment / Sexual Harassment | <input type="checkbox"/> Accept or Retain Listing with Understanding that Discrimination may be Practiced in Connection with Sale Rental or Lease. |
| <input type="checkbox"/> Refuse to Make a Mortgage | <input type="checkbox"/> Other (Explain) _____ |
| <input type="checkbox"/> Refuse to Sell Rent or Lease | |

6. Please describe the actions or events that you believe were discriminatory. Be specific and include date, action and name of person responsible. Add additional pages if necessary.

| Date | Action (<i>For example: I was evicted</i>) | Name and Title of Person Responsible |
|------|--|--------------------------------------|
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7. Why do you believe these actions were discriminatory?

8. What reasons, if any, were you given for the actions taken against you? Who said it and what is their job title?

9. Do you believe the reason(s) given to you were false? Why?

10. Describe other people who were in the same or similar situation as you and how they were treated. For example, who else applied for the same property as you did or who else had the same rental history? Provide the basis (protected category) of these individuals, and how they were treated differently than you. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

- *Of the persons in the same or similar situation as you, who was treated better than you?*

| Full Name | Basis or Protected Category | Description of Treatment (Please provide details) |
|-----------|-----------------------------|---|
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- *Of the persons in the same or similar situation as you, who was treated worse than you?*

| Full Name | Basis or Protected Category | Description of Treatment (Please provide details) |
|-----------|-----------------------------|---|
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- *Of the persons in the same or similar situation as you, who was treated the same as you?*

| Full Name | Basis or Protected Category | Description of Treatment (Please provide details) |
|-----------|-----------------------------|---|
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REASONABLE ACCOMMODATION (DISABILITY)

Answer Questions 13-15 only if you are claiming discrimination based on disability. If not, skip to Question 16. Please state if you have more than one disability.

Please check all that apply:

- Yes, I have a disability.
- I do not have a disability now, but I did have one.
- I do not have a disability, but I was treated as if I do. What disability does person who you believe discriminated against you think you have?

11. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability substantially limit one or more major life activities, such as walking, bending, lifting, speaking, hearing, seeing, concentrating or communicating? If so, how does this disability affect you?

12. Do you use medication, medical equipment to reduce or eliminate the effects of your disability in your daily life? For example: Use a cane, walker or wheelchair to aid with mobility, read lips or use sign language to communicate

Yes No

- If yes, what equipment, medications or other measures do you use?

13. Did you ask the organization for any changes to the property because of your disability?

Yes No

- If yes, please state when you asked, how you asked, who you asked, what changes or assistance you requested and the response you received, if any.

| Date | Verbal or Written Request? | Name and Title of Person(s) Asked | Changes or Assistance Requested | Organization Response |
|------|----------------------------|-----------------------------------|---------------------------------|-----------------------|
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14. WITNESSES TO DISCRIMINATION

Are there any witnesses to the alleged discriminatory incidents?

Yes No

- If yes, please identify them below and describe what you believe they will say.

| Full Name | Address & Phone Number | What This Person Will Say |
|-----------|------------------------|---------------------------|
| | | |
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15. Are there any documents or electronic records about the alleged discriminatory incidents?

Yes No

- If yes, please identify below and indicate where/from whom we might obtain them.

| Document or other Type of Record | Where / From Whom We Can Obtain Record |
|----------------------------------|--|
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16. LEGAL REPRESENTATION

Are you represented by a lawyer? Yes No

- If yes, please provide your lawyer's name and contact information.

| Lawyer's Name and/or Name of Law Office or Legal Organization: | Phone Number: | Email Address: |
|--|---------------|----------------|
| | | |

17. ALTERNATE CONTACT INFORMATION

If we cannot reach you directly, is there someone we can contact to help us reach you?

| | |
|---|-------------------------------|
| First Name: | Last Name: |
| Cell Phone: | Home Phone: |
| Street Address (Include Apartment or Unit #): | |
| City, State, Zip Code: | Email Address (if available): |
| Relationship to You: | |

18. Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a discrimination complaint, you must do so within 300 days from the day you knew about the discrimination. If you do not file a complaint within the time limits, you will lose your rights. If you would like more information before filing a complaint or you have concerns about PCHR's notifying the organization about your complaint, you may wish to check Box 1. If you want to file a complaint, check

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| <p>BOX 1 <input type="checkbox"/> I want to talk to a PCHR employee before deciding whether to file a complaint. I understand that by checking this box, I have not filed a complaint with the PCHR. I also understand that I could lose my rights if I do not file a complaint in time.</p> |
| <p>BOX 2 <input type="checkbox"/> I want to file a complaint of discrimination, and I authorize the PCHR to look into the discrimination I described above. I understand that the PCHR must give the housing provider or financial organization that I accuse of discrimination information about the complaint, including my name. I also understand that the PCHR can only accept complaints of housing and real property discrimination based on age, ancestry, color, disability, domestic violence, sexual assault or stalking, ethnicity, familial status, gender identity, marital status national origin, race, religion, retaliation for prior discrimination complaint, sex, sexual orientation or source of income.</p> |

19. If you checked Box 2 above, what would you like to have happen in response to your complaint? (Ex. Property or loan granted; fees returned guarantee of no future discrimination)

I declare under penalty of perjury that all of the information that I have provided on this form is true, correct, and complete to the best of my knowledge. I acknowledge that false statements on this form are punishable under state law, 18 Pa. C.S. § 4904 (unsworn falsification to authorities).

Signature

Today's Date