



**City of Phoenix**  
EQUAL OPPORTUNITY DEPARTMENT

## Pre-Complaint Questionnaire

City of Phoenix Equal Opportunity Dept (PEOD) is a neutral 3<sup>rd</sup> party who will investigate to try to determine if there were any violations of the City of Phoenix Code pertaining to fair housing. As this code mirrors the federal Fair Housing Act of 1968, we will also notify HUD of this investigation. PEOD can only investigate complaints within the city of Phoenix.

PEOD does not represent either party and we do not provide legal advice. PEOD will work with both parties to try to conciliate the situation, to come to an agreement that will satisfy both parties.

Date and time: \_\_\_\_\_ In-person? \_\_\_\_\_ On Phone? \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_ Alternate#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Emergency Contact in case we can't reach you: \_\_\_\_\_

\_\_\_\_\_

Have you contacted the Arizona Attorney General's Office and/or U.S. Department of Housing and Urban Development regarding this complaint? \_\_\_\_\_

Number of People in Household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Are you a veteran of the United States military? \_\_\_\_\_

**Race & Ethnicity of Household Members (required for tracking purposes):**

White or Caucasian		American Indian/Alaskan Native & White	
Black/African American		Black/African American & White	
Asian		Asian & White	
American Indian/Alaskan Native		American Indian/Alaskan Native & Black/African Am	
Native Hawaiian/Other Pacific Islander		Other/Multi-Racial	
Ethnicity ( <b>Check One</b> ): Hispanic/Latinx		Not Hispanic/Latinx	

**Protected Basis (check all that apply):**

Race		National Origin		Gender Expression	
Color		Familial Status		Gender Identity	
Sex		Religion		Sexual Orientation	
Disability		Mental		Physical	

**Type of Discriminatory Action:**

Refusal to Rent		Refusal to Sell		Discriminatory Advertising	
Terms/Conditions – Rental		Terms/Conditions – Sale		Discrimination in Financing	
Refusal/Reasonable Accommodation		Refusal/Reasonable Modification		Accessibility	
Retaliation		Other			

**Issue:**

Rental		Renter/Homeowner Insurance	
Sales			

**Tell us about:**

Do you live in:

Public Housing		Private Housing		Subsidized Housing	
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Housing Assistance Received: \_\_\_\_\_

Details about lease and security deposit:

Security Deposit Paid?	Amount?	Length of Lease
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***The following questions are of a sensitive nature. We are only asking if you believe that this could be part of the reason for denial of housing or if differential treatment was experienced because of the housing provider asking these questions.***

Do you have a criminal record?		Are you a registered sex offender?	
Income Source?		Were you denied due to your credit score?	



Do you know of others who have been treated the same? If yes, list below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fill out this section for housing denials or evictions:**

How did you learn of the vacancy? (Name the source if possible)

Newspaper		Rental Agency	
Website		Posted Sign	
Tenant		Friend	
Other			

Application completed (Y or N): \_\_\_\_\_ If no, give reason: \_\_\_\_\_

Date applied: \_\_\_\_\_ Reason Given for denial: \_\_\_\_\_

Name of person who made denial: \_\_\_\_\_ Title: \_\_\_\_\_

Do you currently want the housing in question? \_\_\_\_\_

**Evictions (please provide copies of documents):**

Date of initial notice: \_\_\_\_\_ Date required to vacate: \_\_\_\_\_

Have you been served with a notice of court date? (Y or N) \_\_\_\_\_ Date of notice: \_\_\_\_\_

Is there a hearing date? If so, when: \_\_\_\_\_ Have you been to court? \_\_\_\_\_

What were you told was the reason for Eviction? \_\_\_\_\_

\_\_\_\_\_

Why do you think the reason(s) are false? \_\_\_\_\_

\_\_\_\_\_

What do you think is the reason for eviction? \_\_\_\_\_

\_\_\_\_\_

How you feel you have been affected by the alleged discriminatory act(s)?

Loss of housing/opportunity		Finances (out-of-pocket expenses)	
Emotional distress		Other:	

