



# MISSOURI COMMISSION ON HUMAN RIGHTS

## MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS INTAKE QUESTIONNAIRE in Housing

421 East Dunklin St.  
P.O. Box 1129  
Jefferson City, MO 65102-1129

### THIS INTAKE QUESTIONNAIRE IS NOT A COMPLAINT FORM.

Immediately complete this form and return it to the Missouri Commission on Human Rights (MCHR). **REMEMBER**, a complaint of discrimination must be filed within the time limits imposed by law, generally within 180 days of the alleged act of discrimination. MCHR will review this Intake Questionnaire and, if the information constitutes a basis for filing a complaint, a complaint form will be sent to me for signature. **ANSWER ALL QUESTIONS that pertain to your situation, as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, then answer by stating "not known." If a question is not applicable to your situation, then write "n/a." Please print.**

<b>PERSONAL INFORMATION</b>							
Last Name		First Name		Middle Initial			
Street or Mailing Address				Apt. or Unit #			
City		County		State		ZIP	
Cell Phone Number		Home Phone Number		Work Phone Number			
Email Address							
Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified or Another Gender Identity			Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please answer the next 3 questions.**

1. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. What is your race? <i>(Please choose all that apply.)</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
3. What is your National Origin? <i>(country of origin or ancestry)</i>	

**Please provide the contact information of a person (who does not live with you) we can contact if we are unable to reach you.**

Name		Relationship			
Street or Mailing Address					
City		State		ZIP	
Cell Phone Number		Other Phone Number			
Email Address					

### COMPLAINT INFORMATION

4. Address of the Property <i>(if different from your address)</i>	
5. Name(s) of All People Who Live With You	

6. How did you learn about our agency?		
7. Type of Property <input type="checkbox"/> House or Other Single-Family Dwelling <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment or Other Multi-Family Dwelling <input type="checkbox"/> Condominium <input type="checkbox"/> Other ( <i>describe</i> ):		
8. Name of Person Who/Entity That Discriminated		
Street Address		
City	State	ZIP
Cell Phone Number	Home Phone Number	Other Phone Number
Property Manager's Name		
Street or Mailing Address		
City	State	ZIP
Cell Phone Number	Home Phone Number	Other Phone Number
Email Address		
9. Name of Management Company		
Street or Mailing Address		
City	State	ZIP
Cell Phone Number	Home Phone Number	Other Phone Number
Email Address		
10. What is the reason (basis) for your claim of housing discrimination? ( <i>Check all that apply.</i> ) <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Ancestry <input type="checkbox"/> National Origin <input type="checkbox"/> Religion <input type="checkbox"/> Family Status <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other reason (basis) for discrimination ( <i>explain</i> ):		
11. If you are filing on the basis of <u>disability</u> , then provide the following information. <b>If not, then skip to #12.</b> Is your disability <input type="checkbox"/> Mental <input type="checkbox"/> Physical What is the name of your disability?		
Does this disability prevent or limit you from doing anything ( <i>e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.</i> )?		
Is the person who discriminated against you aware of your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No How is the person aware?		
Did you ask for any changes or accommodations for your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," then explain what accommodations/changes you requested:		

12. What happened to you that you believe was discriminatory? Include date(s) of harm, the action(s), and the name(s) of the person(s) who you believe discriminated against you. Please attach additional pages, if needed.

*(Example: June 8, 2022, Judy Doe, Notice of Eviction)*

A.	Date	Name of Responsible Party
	Action	

B.	Date	Name of Responsible Party
	Action	

13. Why do you believe these actions were discriminatory? *(Please attach additional pages, if needed.)*

☐ I understand that **this questionnaire is not a complaint form**. I understand that MCHR will review this Intake Questionnaire and, if the information constitutes a basis for filing a complaint, then a complaint form will be drafted and sent to me for signature. In order to preserve my rights, a signed complaint must be received by MCHR within 180 days of the alleged act of discrimination. I understand that a copy of the complaint form I sign will be sent to the housing provider and will be the basis for the MCHR investigation.

\_\_\_\_\_ Initial Here

By entering my name and submitting this form, I do hereby affirm under penalties of perjury that the previously stated information is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
*First and Last Name*

\_\_\_\_\_  
*Date*

*Missouri Commission on Human Rights is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.*