

Respondent Questionnaire – Housing Discrimination
 Based on Sexual Orientation and Gender Identification
 Salt Lake County Ordinance
 Chapter 10.13
 Salt Lake County Mayor’s Office of Diversity Affairs
 2001 S State St, N-2100
 Salt Lake City, UT 84190-1020
 Office: 385-468-7014

Portions of the information provided in this form may be public information under Utah State Statute

Please complete to the best of your knowledge

Your Information: Identify the individual who is responding to the complaint of discrimination.

Name and Title	Email Address	
Street Address	Home Phone No. (Include Area Code)	Cell Phone No. (Include Area Code)
City, State and ZIP Code	Work Phone No. (Include Area Code)	

Property: This section identifies the property that is involved
PROPERTY MUST BE IN UNINCORPORATED SALT LAKE COUNTY

Property Name	
Property Street Address	City, State and ZIP Code
Mailing Address (if different) Street Address	City, State and ZIP Code

This section provides the County with information about the property owner or company against which the complaint was filed.

Name of Owner/Management Company/Real Estate Company/or Lender (circle one)		
Name of Manager or Landlord		
Work Phone No. (Include Area Code)	Home Phone No. (Include Area Code)	Cell Phone No. (Include Area Code)
Email Address		
Manager or Landlord Street Address (if different from property address)	City, State and ZIP Code	
Mailing Address (if different from street address)	City, State and ZIP Code	

Check the appropriate box:

- Own an interest in or title to 4 or more single family dwellings
- Have sold 2 or more single family dwellings in which I did not reside within the last 24 months

Total number of rental units in the dwelling I own:

List someone in your organization/company we can contact if we cannot reach you:

Name	Title	Email Address
Work Phone No. (Include Area Code)	Home Phone No. (Include Area Code)	Cell Phone No. (Include Area Code)
Street Address		
City, State and ZIP Code		

RESPONSE

Please address the issues indentified in the complaint questionnaire and describe in detail what happened including dates and names of individuals involved.

Continue your story on a separate sheet of paper if needed

Did you or another property staff member receive a complaint? Yes No

If yes, when? _____

IF YOU HAVE HIRED AN ATTORNEY TO REPRESENT YOU, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name		
Email Address		
Work Phone No. (Include Area Code)	Cell Phone No. (Include Area Code)	
Street Address		City, State and ZIP Code

Do you want us to contact your attorney? YES NO

Please list any special accommodations, interpreters or assistive devices needed due to disability

REMEDIES:

Salt Lake County Ordinance provides a process whereby a complaint is investigated and, if an unlawful practice has been committed, the County Administrator will facilitate the resolution of the issues through a conciliation agreement. If the County Administrator is unable to secure an acceptable conciliation agreement, the County Administrator shall refer the case to the District Attorney.

An offense committed under this ordinance by a person owning or operating twenty (20) or fewer dwellings is punishable by a civil fine of not more than \$500; by a person owning or operating twenty-one (21) or more dwellings or by a Real Estate Broker or Salesperson is punishable by a civil fine of not more than \$1,000.

In submitting this form, you agree to advise the Salt Lake County Administrator of any change in your address and/or telephone number and commit that you will fully cooperate in processing this charge in accordance with our policies and procedures. Failure to cooperate may result in the dismissal of the charge or issuance of findings based on the information contained in the file. You may contact the Administrator at 385-468-7014 or at EHouston@slco.org

I hereby swear under oath that the information I have provided in this questionnaire is true and correct to the best of my knowledge.

Print Name

Respondent's Signature Today's Date