

Complainant 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

Personal Information: Identify the individual who is filing the complaint of discrimination.

Name	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
(Call County Planning and Development Office 385-468-6700 with the address of where the discrimination took place)

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 you are filing.

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	

The adverse housing action(s) taken against you (i.e. evicted, denied rent/sale, loan denial, etc.)was/were:	
The dates of the adverse action(s) was/were:	The person (i.e. owner/landlord/management company/realtor/lender) who took this action against you was:

Name others who were treated differently or better than you.		
Name		
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

Name		
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

Name others who were treated the same as you.		
Name		
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

Name		
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

Did you complain to the landlord, manager or other property staff ___Yes___No
If yes, dates complained _____

Describe any action(s) taken against you after you complained

Continue your story on a separate sheet of paper if needed

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

Complainant's Signature Today's Date