



Maine Human Rights Commission

51 State House Station - Augusta, ME 04333

Phone (207) 624-6290

Fax (207) 624-8729

TTY: Maine Relay 711

www.maine.gov/mhrc

CONTACT INFORMATION

First Name:		Middle Init.:	Last Name:		
Mailing Address:		City:	State:	Zip:	
Home Phone:	Cell Phone:	Work Phone:	Email Address:		
List all other members of your household:					
1.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO	4.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO	5.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO	6.	Name:	Minor Child: <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME A RELATIVE, FRIEND OR NEIGHBOR IN THE LOCAL AREA WHO WOULD KNOW HOW TO REACH YOU:

First Name:	Last Name:	Relationship:	Phone #:
Street Address:	City:	State:	Zip:

I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST IN HOUSING BASED ON:

<input type="checkbox"/> Color (<i>specify:</i> _____)	If you checked off <u>Minor Children</u> , please answer the following: I am the: <input type="checkbox"/> parent <input type="checkbox"/> legal guardian; I have written permission of the parent or legal guardian; <input type="checkbox"/> I am in the process of obtaining legal custody
<input type="checkbox"/> Minor Children (please fill out box on the right) →	
<input type="checkbox"/> Mental Disability (<i>specify disability:</i> _____)	
<input type="checkbox"/> National Origin/Ancestry (<i>specify disability:</i> _____)	
<input type="checkbox"/> Physical Disability (<i>specify disability:</i> _____)	
<input type="checkbox"/> Race (<i>specify:</i> _____)	
<input type="checkbox"/> Receipt of Public Assistance (indicate type: _____)	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Religion (<i>specify:</i> _____)	<input type="checkbox"/> Sex (<i>this include sexual harassment</i>)
	<input type="checkbox"/> Sexual Orientation (<i>includes Gender Identity</i>) (<i>specify:</i> _____)

THE PROPERTY INVOLVED IS LOCATED AT:

Street Address:		
City	State	Zip:
Name of apartment complex:		
Type of housing involved:	<input type="checkbox"/> Apartment (if yes, how many units in building? # _____)	Rental amount \$
	<input type="checkbox"/> Single family dwelling <input type="checkbox"/> Mobile home park <input type="checkbox"/> Owner Occupied	
Number of bedrooms:	Number of rooms other than bedrooms:	Security Deposit \$
		Utilities Included <input type="checkbox"/> YES <input type="checkbox"/> NO
How did you find out that the Maine Human Rights Commission handles housing discrimination complaints?		

THE PEOPLE/COMPANIES THAT DISCRIMINATED IS/ARE;

1	Name:	Home Phone:
	Mailing address:	Work Phone:
	City:	State: Zip: County:
	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Neighbor <input type="checkbox"/> Broker <input type="checkbox"/> Other:	
2	Name:	Home Phone:
	Mailing address:	Work Phone:
	City:	State: Zip: County:
	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Neighbor <input type="checkbox"/> Broker <input type="checkbox"/> Other:	
3	Name:	Home Phone:
	Mailing address:	Work Phone:
	City:	State: Zip: County:
	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Neighbor <input type="checkbox"/> Broker <input type="checkbox"/> Other:	



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Earliest date of discrimination		Latest date of discrimination		Ongoing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of discrimination involved:				
<input type="checkbox"/> Notice to Vacate <input type="checkbox"/> Eviction <input type="checkbox"/> Refusal to Rent <input type="checkbox"/> Harassment <input type="checkbox"/> Discriminatory advertisement or statements				
<input type="checkbox"/> Reasonable Accommodations / Modifications Discriminatory terms and condition of: <input type="checkbox"/> Application / <input type="checkbox"/> Occupancy				
Do you wish to obtain or retain the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No			Your Monthly income: \$ _____	
Do you have the money for rent and the security deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of Complaining Party:			Date:	

To assist us in understanding the details of your situation, please provide a brief description of the reasons you believe you have been discriminated against on the back of this form. **Use extra paper if necessary.**



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Instructions for Intake Questionnaire

Fill out the intake form as completely as possible. Be specific with all names and dates.

Please return this form to:

**Maine Human Rights Commission
51 State House Station
Augusta ME 04333**

NOTE: Completing this Intake Questionnaire does not mean that a Complaint of Discrimination has been filed.

After we receive the information you provide, the Intake Officer will either type a Complaint of Discrimination and send it to you for your review and notarized signature *or*, if the information is not sufficient to draft a complaint, call you to discuss your allegations further.

A COMPLAINT OF DISCRIMINATION IS FILED WITH THE MAINE HUMAN RIGHTS COMMISSION WHEN A SIGNED, NOTARIZED COMPLAINT FORM IS RECEIVED BY THE COMMISSION. SIGNED, NOTARIZED COMPLAINTS MUST BE RECEIVED BY THE COMMISSION WITHIN THREE HUNDRED (300) DAYS OF THE ALLEGED ACT OF DISCRIMINATION.

NOT ALL DISCRIMINATION IS UNLAWFUL! The Maine Human Rights Act makes it unlawful to discriminate in the following areas for the following reasons:

JURISDICTIONAL BASIS	HOUSING	EMPLOYMENT	ACCESS TO PUBLIC ACCOMMODATION	CREDIT EXTENSION	EDUCATION
Age	N/A	X	N/A	X	N/A
Ancestry	X	X	X	X	N/A
Children (lodging only)	N/A	N/A	X	N/A	N/A
Color	X	X	X	X	N/A
Familial Status	X	N/A	N/A	N/A	N/A
Genetic Information	N/A	X	N/A	N/A	N/A
Marital Status	N/A	N/A	N/A	X	N/A
Mental disability	X	X	X	N/A	X
National Origin	X	X	X	X	X
Physical disability	X	X	X	N/A	X
Race	X	X	X	X	X
Receipt of Public Assistance	X	N/A	N/A	N/A	N/A
Religion	X	X	X	X	N/A
Sex	X	X	X	X	X
Sexual Orientation	X	X	X	X	X
Whistleblower Retaliation	N/A	X	N/A	N/A	N/A
Workers' Comp Retaliation	N/A	X	N/A	N/A	N/A

Retaliation: The Maine Human Rights Act prohibits retaliation against any individual who has opposed any practice which would be a violation of the Act, or because the individual has made a complaint, testified or assisted in any manner in any investigation proceeding or hearing under the Act.

For more information on the Maine Human Rights Act please visit us on the web at www.maine.gov/mhrc.



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HOUSING DISCRIMINATION DISABILITY QUESTIONNAIRE

A: Do you or does the person you are assisting or associated with have:			
1.	A physical or mental impairment that substantially limits one or more daily life activities, such as seeing, hearing, speaking, talking, taking care of oneself, or working?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	A record or a history of having a physical or mental impairment which limits one or more major life activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Is the person perceived as having such impairment, even if his or her daily life activities are not impaired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B: Provider's Knowledge of Disability			
1.	Do you believe that the housing provider or other person or organization that you believe has discriminated against you is aware that you have a disability, or thinks you have a disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C: Disparate treatment/Disparate impact discrimination			
1.	Do you believe that the housing provider has treated you differently than persons who are not disabled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	How?		
2.	Do you believe that the housing provider has treated you the same as others, but that this treatment still has a negative impact on you as a person with a disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	How?		
D: Reasonable Accommodation/Modification			
1.	Did you request the housing provider to change policies or practices?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Did you request the housing provider for permission to modify the unit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	What changes/accommodations/modifications did you request?		
4.	Would the changes/accommodations/modifications benefit you in your housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Did you request in writing or verbally?	<input type="checkbox"/> In Writing	<input type="checkbox"/> Verbally
6.	If you did not make the request, how do you believe the housing provider was aware of the need for an accommodation/modification?		
7.	Did the housing provider deny, delay or ignore your request for accommodation/modification?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	What did the housing provider do or say in response to your request?		
8.	If the housing provider failed or refused to make the requested accommodation/modification, what reason was given?		