



REQUIRED NOTICES COMPLAINT QUESTIONNAIRE

APPLICATION TO PURCHASE OR RENT A DWELLING

HUMAN RIGHTS SECTION

115 S. ANDREWS AVENUE, ROOM 427
FORT LAUDERDALE, FLORIDA 33301
TELEPHONE: (954) 357-6500 FAX: (954) 357-7817 TTY (954) 357-7888

When completing this form, please print legibly
Please do not write on the back of the page. Use additional sheets if necessary.

1. PERSONAL INFORMATION:

Last Name: First Name: MI:

Street/Mailing Address: Apt./Unit #

City: County: State: Zip:

Phone Numbers: Home: Work:

Cell: Email Address:

Date of Birth: Sex: Male Female

How did you hear of our office?

PROVIDE THE NAME OF A PERSON WE CAN CONTACT IF WE ARE UNABLE TO REACH YOU:

Name: Relationship:

Address: City: State: Zip:

Home: Other:

2. WHAT IS THE ISSUE OF YOUR CLAIM FOR WHICH YOU WERE DENIED NOTICE?

Denied Rental of a Dwelling Denied Purchase of a Dwelling

3. INFORMATION ABOUT YOUR CLAIM:

Property/Landlord Name:

Address: County:

City: State: Zip: Telephone:

4. WHEN DID YOU SUBMIT AN APPLICATION FOR RENTAL/PURCHASE?

(Month) (Day) (Year)

5. DID YOU RECEIVE WRITTEN NOTICE YOUR APPLICATION WAS INCOMPLETE OR INCORRECT? Yes or No

6. DID YOU SUBMIT ALL THE ITEMS NEEDED TO MAKE YOUR APPLICATION COMPLETE/CORRECT? Yes or No

7. TO WHOM DID YOU SUBMIT THE INFORMATION AND WHEN:

a. _____
Name of Person & Title

b. _____
(Month) (Day) (Year)

8. DID YOU RECEIVE WRITTEN NOTICE YOUR APPLICATION WAS REJECTED? Yes or No

9. IF YES, WHEN: _____
(Month) (Day) (Year)

10. DID THE NOTICE SPECIFICALLY STATE WHY YOUR APPLICATION WAS REJECTED? Yes or No

11. HAVE YOU HAD ANY VERBAL OR WRITTEN CONTACT WITH THE HOUSING PROVIDER SINCE SUBMITTING YOUR RENTAL/PURCHASE APPLICATION?

Yes or No IF YES, DESCRIBE THE CONTACTS BELOW.

A. Based on the foregoing, I believe the above-referenced housing provider failed to provide me with notice about its processing of, and/or its decision in reference to, my application to rent or purchase the described dwelling in violation of Section 16½-35.6(a) or (b), Broward County Code.

B. I have been given assurances by an agent of the Section that pursuant to Broward County's Human Rights Ordinance (Chapter 16½), and applicable Florida Statutes, this Questionnaire will be considered confidential and will not be disclosed (except to the parties to this proceeding, including the housing provider and its legal representative) as long as the complaint remains open, unless it becomes necessary for the Section to produce the Questionnaire in a formal proceeding. Upon the closing of this complaint, the Questionnaire may be subject to further disclosure in accordance with Chapter 16½ and Florida's Public Record Act.

Under penalty of perjury, declare that I have read the entire contents of this questionnaire and that my answers and statements contained herein are true and correct.

Signed: _____

Printed Name: _____

Date Signed: _____