

**CONFIDENTIAL**  
**SENDING THIS QUESTIONNAIRE IS NOT SUBMITTING A CHARGE**

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NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS  
57 REGIONAL DRIVE, SUITE 8  
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TTD ACCESS: RELAY NH 1-800-735-2964  
Email: [humanrights@nh.gov](mailto:humanrights@nh.gov)

**HOUSING & COMMERCIAL PROPERTY INTAKE QUESTIONNAIRE**

**INSTRUCTIONS:** *This is a questionnaire meant to gather information, not a charge of discrimination. Please fill out this questionnaire as completely as possible and send it back to the Commission either via regular mail, fax or email using the contact information above. Keep a copy of the completed questionnaire for your records. A Commission Investigator will use this information to review whether you have the basis to file a formal charge. The Investigator will contact you after review to gather further information as necessary and either explain the next steps in filing a formal charge or explain why you may not have the basis to file a charge of discrimination.*

Your Name:

Today's Date:

Address:

City:

State:

Zip Code:

Telephone numbers: Home/Mobile:

Work:

Email address:

Date of Birth (if age claim):

1. Who are you filing against?

|            |          |         |                |             |
|------------|----------|---------|----------------|-------------|
| Landlord   | Owner    | Bank    | Managing Agent | Lessee      |
| Sub lessee | Assignee | Builder | Agent          | Salesperson |
| Other      |          |         |                |             |

2. Name:

Address:

City:

State:

Zip code:

Telephone:

County:

3. Location of Property:

Address:

City:

State:

Apartment No:

Zip code:

4. Property Type:

House

Single Family

Duplex

Multifamily

Number of such homes owned by Respondent:

Is broker/agent/salesman being used?

Are ads expressing a preference/limitation or discrimination being used:

Yes No

Apartment

Number of Apartments

Does the owner or member of owner's family reside in one of the dwelling units?

Yes No

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|  |                 |                  |            |
|--|-----------------|------------------|------------|
| Condo  | Mobile Home     | Mobile Home Park | Commercial |
| Rooming House  | Number of Rooms |                  |            |
| Does the owner or member of the owner's family reside in one of the rooms? |                 |                  |            |
| Is the unit for sale?  | Or for rent?    |                  |            |

5. I believe I was discriminated against because of:

|                     |          |                   |                    |
|---------------------|----------|-------------------|--------------------|
| Age                 | Creed    | Color             | Race               |
| Sex                 | Religion | Marital Status    | Familial Status    |
| Physical disability |          | Mental disability | Sexual Orientation |
| National Origin     |          | Gender Identity   |                    |

If you checked race, indicate your race:

If you checked National Origin, indicate your National Origin:

The following question is voluntary if not checked above:

What is your Race?

What is your National Origin?

6. Please check the alleged discriminatory action/condition:

|   |                                     |                            |
|---|-------------------------------------|----------------------------|
| Refusal to rent   | Refusal to sell                     | Terms/conditions of rental |
| Refusal to mortgage   | Advertising                         | Terms/conditions of sale   |
| Refusal to provide disability accommodations                          | Provision of services or facilities |                            |
| Representation that dwelling or commercial structure is not available |                                     |                            |

Eviction solely on grounds that person has acquired immune deficiency syndrome (AIDS) or is regarded to have acquired immune deficiency syndrome.

Yes

No

Inducement or attempted inducement of a person to sell or rent a dwelling by representations regarding the entry or prospective entry into the neighborhood of a person or persons of a particular age, sex, race, color, marital status, familial status, physical or mental disability, religion, sexual orientation, national origin gender identity.

Yes

No

Other

7. Explain what action was taken against you that you believe to be discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement. Please use a separate piece of paper if you need more room.

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8. First date of Discrimination: Month                      Day                      Year  
Last date of Discrimination: Month                      Day                      Year  
*\*Please keep in mind that you only have 180 days from the last date of discrimination to file a Charge of Discrimination with the Commission under state law*
9. If not included in your response to Number 7 above, how did you become aware of the property?  
Ad/Paper/Word of mouth:                      Date:                      Date called:  
Who talked to:                      Date:  
Reason given for rejection/decision:
10. Disability Discrimination Charges (additional information which may be relevant):  
Does the complaint relate to accessibility in a residential property?      Yes      No
11. If yes, is/was the property:  
(a) a building with one or more elevators?                      Yes                      No  
(b) a ground floor unit in a building consisting of 4 or more units?                      Yes                      No  
(c) designed and constructed for first occupancy after March 13, 1919?                      Yes                      No
12. Have you sought any assistance about the action you think was discriminatory from any other government agency, union or from any other source?  
Yes      No      If yes, indicate:  
Name of source of assistance:  
Result if any:

**Keep a copy of the completed questionnaire for your records.**

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**FOR AGENCY ACTION ONLY**

Action taken:

- |  |   |
|--|---|
| <input type="checkbox"/> Charge taken                                      | <input type="checkbox"/> Not a covered basis                            |
| <input type="checkbox"/> Information only                                  | <input type="checkbox"/> Actions complained of do not state valid claim |
| <input type="checkbox"/> Not a timely charge                               | <input type="checkbox"/> No employer/employee relationship              |
| <input type="checkbox"/> CP is a federal employee                          | <input type="checkbox"/> Referred to another agency:                    |
| <input type="checkbox"/> CP chose not to file                              | <input type="checkbox"/> Other reason (Specify):                        |
| <input type="checkbox"/> Not enough employees                              |   |
| <input type="checkbox"/> Charge already filed at another agency            |   |
| <input type="checkbox"/> Civil action already filed in court on same basis |   |

Investigator's initials: \_\_\_\_\_ Date: \_\_\_\_\_

Letter sent: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_