

**A Resource Guide for Professionals
Helping Domestic Violence Survivors
in Washington, DC**



**COMMUNITY-BASED ADVOCATES
TOOLKIT**

**How to make sure your clients
have safe housing**

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How to make sure your clients have safe housing

This Advocate Toolkit can answer your questions

Victims of domestic violence have housing rights under local and federal laws. These rights are meant to ensure that victims have access to shelter or housing and can live safely in their homes or their current housing situation. Victims have rights if they want to stay in their apartment, move out, or find a place to live — be it a shelter, apartment or house.

In developing this Toolkit, we looked at the most common questions asked by shelter advocates like you and at the most common scenarios you face in the District. While we cannot cover every situation, we did our best to give you the kind of information you need to feel empowered to do your job.

As an advocate, your role is to provide information and resources to victims. This Toolkit has the information you need to help you understand the basic housing rights of victims of domestic violence and gives you information to help victims get help.

If you don't find what you need in this Toolkit or want more information about safe housing resources and protections, please contact:

District Alliance for Safe Housing, Inc. (DASH)

P.O. Box 73186

Washington, DC 20056

Phone: (202) 462-3274

Email: info@dashdc.org

Web: www.dashdc.org

Nothing in this Toolkit should be construed as legal advice. The materials provided in this Toolkit are for your personal information and education. This Toolkit is not a substitute for good, sound legal advice. The results of any legal matter may vary depending upon specific facts and applicable law. No prediction of results should be inferred from information contained in this Toolkit.

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Understanding the Protections

Common Scenarios: Shelter or Housing Programs

*As an advocate, one of the most important things for you to know is that **victims of domestic violence have rights**. Here are a few of the common situations other advocates have shared. Although every scenario is different, they have common themes and provide a basic understanding of what all advocates need to know and what protections victims have.*

Can This Victim Move into a Shelter?

Scenario 1

A victim called our shelter to see if we had space. She said she was a victim before I even asked. I asked her if she had a protection order, six months of counseling and was no longer with the batterer, and she said no. I told her we couldn't take her, even though we have space. I thought she had to do these things prior to getting shelter since she's a victim.

Answer: The victim has the right to shelter even if she does not have a protection order, police report, counseling, or other things. A shelter cannot ask a victim to do something they don't ask others seeking shelter to do. This means if the shelter has a space, the victim should not be denied shelter.

Scenario 2

We had space in our shelter and accepted a referral from a domestic violence program for a victim seeking shelter. But when she got here, she had a guide dog. We don't allow pets, so I told her that we couldn't take her now.

Answer: The victim has the right to shelter and has the right to keep her guide dog with her. Guide dogs are not considered pets when someone has a disability.

Scenario 3

I am an intake counselor for our shelter, and someone called seeking shelter. I went through our intake form and asked for the person's name. When she told me, it sounded very familiar. I remembered having a conversation with a program participant a few months ago and remembered the participant saying this woman was trouble, with an abusive girlfriend and drama in her life. When this came back to me, I told her we couldn't take her.

Answer: A shelter cannot deny shelter to someone because they believe that person may be a victim, whether it is true or not.

Does this victim need to leave?

Scenario 4

We have a scattered site transitional housing program. One of the participants came to me during our regular case management session and told me that he heard from a friend that his ex-boyfriend knows where he lives. I told him that he needed to leave the program immediately.

Answer: Just because a victim shares that his abuser knows where he lives does not mean the program has the right to kick him out.

Scenario 5

During the intake process for my shelter program, the staff person asked if the person was a victim of domestic violence. The person did not share whether she was or not. During a case management session, I found out that the person was a victim. I told her she couldn't stay any longer because she lied during intake.

Answer: A victim does not have to disclose her status as a victim, and a shelter does not have the right to make her leave because of that. Additionally, victims are considered homeless under federal law. If she got into your program, she was likely considered homeless under another criteria. So she didn't have to disclose her status, anyway.

Do we need to make repairs?

Scenario 6

One of our program participants complained that her faucet was leaking several weeks ago. My friend, a case manager, told me that this person is dramatic and has shared stuff about her husband who beat her. I couldn't believe she was still married. She will probably go back to this guy. I decided that it's not a priority to have her faucet fixed because she would have left anyway.

Answer: The victim has the right to be treated like other program participants, which includes having a faucet fixed, regardless of staff opinion.

Understanding the Protections

Common Scenarios: Rented or Owned Apartments/ Houses

(includes public housing, Section 8 housing, and subsidized housing)

Victim needs a place to live, but...

Scenario 1

A victim is looking for an apartment, submits an application but gets rejected. She says she overheard that one of the people who lives in that same apartment complex told the manager the victim's boyfriend beat her up and that's why she didn't get the apartment.

Answer: The housing manager cannot deny an applicant an apartment because she is a victim.

Victim wants to stay in housing but...

Scenario 2

A victim wants to stay in her apartment with her kids, but her husband —who calls her names and has even hit her — is on the lease.

Answer: The victim has the right to notify her housing manager, stay in the apartment, and get her husband off the lease.

Scenario 3

A victim's boyfriend lives with her. A few weeks ago, she called the police because he punched her. The other day he attacked her again, and she called the police. The landlord came over to the apartment and told the victim if she called the police again she was going to get kicked out.

Answer: The victim has the right to call the police or other emergency assistance without being threatened with eviction or getting evicted.

Victim needs to keep someone out of the housing, but ...

Scenario 4

A victim has a protection order against her girlfriend, but the landlord lets her into the house the victim rents because the girlfriend is still on the lease.

Answer: The victim can have the girlfriend removed from the lease. She should talk to her landlord and ask that the girlfriend not be let into the apartment whether she's on the lease or not. Once the victim goes to the landlord with this, the landlord should not let the girlfriend back into the apartment.

Scenario 5

The victim is scared of his boyfriend. The boyfriend has copies of the key to his apartment and lets himself in.

Answer: **The victim has the right** to ask the housing manager to change the locks, and the housing manager or landlord must do so within five business days. The landlord can ask the victim to pay for the lock change, and he has up to 45 days to pay. The landlord cannot charge the victim more than he would any other tenant.

Scenario 6

The victim lives in a Section 8 unit and is scared of her partner. The victim wants to get her partner out of the unit.

Answer: **The victim has the right** to ask the housing manager to remove the partner from the unit, including the lease. The victim also has the right to request an emergency transfer. If the voucher is in her partner's name, the victim can request to have the voucher placed in her name if she qualifies for Section 8.

Victim wants to leave, but...

Scenario 7

The victim is scared for her safety but has eight months left on her one-year lease.

Answer: **The victim has the right** to contact her housing manager and leave the apartment within 14 days of giving notice. The victim is only responsible for 14 days of the rent.

Overview: Federal and Local Housing Protections for Victims of Domestic Violence

District of Columbia Law

Human Rights Act

The *Human Rights Act of 1977*, amended March 2007, provides extensive protections to victims in public and private housing. This includes homeless shelters, domestic violence shelters, privately owned apartments/houses, public housing, Section 8 housing, and subsidized housing.

Victims have the right to:

- be treated the same as other tenants or housing program participants;
- have the locks changed;
- block the batterer's access to the unit, regardless of whether he/she lives there and is still on the lease;
- be released from a lease free of penalty within 14 days of giving notice;
- stay in their homes without threat of eviction if they experience domestic violence in their residence; and
- stay in their homes without threat of eviction if they contact the police or emergency services during or after a domestic violence incident.

Federal Laws

Violence Against Women Act

Under the *Violence Against Women Act* someone who is a victim of domestic violence and a tenant in federal public housing, or Section 8 voucher- or project-based housing, is entitled to certain protections. This Act also provides housing protection to victims of dating violence and stalking that also applies to immediate family members (including any person living with the victim and related to him/her by blood or marriage, the victim's spouse, parent, brother, sister, child, or any person to whom the victim stands *in loco parentis*.)

Victims have the right to:

- remove the batterer from the lease and stay in the unit;
- ensure that DC Housing Authority and Section 8 landlords honor a civil protection order, specifically if it addresses the batterer's access to where the victim lives;
- seek an emergency transfer; and
- stay in the unit, even if there is criminal activity that is directly related to the domestic violence.

Fair Housing Act

The *Fair Housing Act* protects victims from discrimination in private and public housing.

Victims have the right to:

- be protected from discrimination when seeking housing to buy or rent;
- be protected from eviction; and
- be treated the same as other tenants by a landlord, even though they are domestic violence victims. For example, a landlord cannot impose additional rules on a person just because they are or have been a victim.

Title VI of the 1964 Civil Rights Act

Housing providers that receive federal funding are also prohibited from discrimination under Title VI of the *Civil Rights Act*. This includes discrimination based on race, color, national origin, and other areas.

Americans with Disabilities Act

Victims with a disability are entitled to protections under the *Americans with Disabilities Act* (ADA). This Act prohibits discrimination against individuals with disabilities in public accommodations. The ADA applies to all shelters operated by the government and to private shelters.

Section 504 of the Rehabilitation Act

Section 504 of the *Rehabilitation Act* prohibits discrimination against victims with disabilities by housing providers that receive federal funding.

Victims with a disability have the right to:

- be protected from discrimination. For example, if victims of domestic violence are deaf or hard of hearing, the provider should find ways to make sure that they receive the services and support they need;
- confidentiality; and
- reasonable accommodations, if victims of domestic violence let you know about their disability (for example, allowing a guide dog to stay with a program participant).

What Can Be Done: Questions and Answers

Q. As an advocate, how can I help victims protect their rights?

A. If you think a victim is being discriminated against (like in the scenarios in this Toolkit), you can help by providing them with resource information. Remember: you are not an attorney. Your role is to provide all of the information you have to help victims advocate for themselves or get assistance from the government or a legal provider.

Q. What are the victim's options for help?

A. Some of the options available include:

- sending the landlord or housing provider a letter;
- having another person who works for a service provider or government agency try to help resolve the problem; or
- taking the landlord, housing provider, or the shelter to court.

Q: What if the victim's housing provider doesn't understand their problem?

A. The victim can contact one of the government agencies listed in this Toolkit to file a complaint and seek support from a community resource or legal service organization.

Q: What if the victims don't feel comfortable going directly to the housing provider or landlord?

A. They can contact a government agency or organization listed in the resource page for help.

Q: Can a victim ask for help from more than one place at a time?

A. Yes. They can send a letter to their housing provider and reach out to a service organization or the government at the same time.

Q. Is the process to get help going to take a long time?






A. It depends. Sometimes a letter to a landlord or housing provider works right away and the problem is resolved. If a victim seeks help from a government agency, it usually takes longer but results are achieved. So a victim may want to send a letter to his/her landlord and at the same time reach out to the government agency to complain. If the letter doesn't work, he/she has already started the process with the government.

Q. What if victims gets evicted or kicked out of the shelter while they're waiting for the government to investigate? Can they get their housing back?



A. Maybe. Once a victim files a complaint with the government agency, they begin a process to figure out what happened and what should be done. Sometimes, as a result, the victim gets an apartment or housing unit again. Sometimes, once the landlord or housing provider is notified, they fix the problem on their own.

In the next few pages, you'll find a list of government organizations that can help victims along with samples letters they can use. Use the tables on this page to help victims quickly find what they need.


Who Can Help Victims

If they have been discriminated against by a housing or shelter provider...	They can file a complaint with the DC Office of Human Rights.		See page 12 for where to get the form.
If they have been discriminated against while trying to rent or buy a home or apartment...	They can file a complaint with the U.S. Department of Housing & Urban Development (HUD).		See sample letter on page 14.
If they have been discriminated against by a shelter, Section 8 housing, service provider or government agency...	They can file a complaint with the U.S. Department of Health & Human Services (HHS).		See sample letter on page 16.
If they are a resident of or applicant for DCHA public housing, section 8, or other subsidized housing and feel something has affected their rights...	They should first try to resolve the problem with the Housing Manager or the office involved. If that doesn't work, they can write to the DCHA Office of Fair Hearings.		See page 17 for DCHA contact information.
If they live in public housing and need to request reasonable accommodations for disabilities...	They can fill out the DCHA Reasonable Request for Accommodation form.		See page 17 for where to get the form.

To Change Their Lease

If they want to end their lease and have a protection order...	They can send a letter using the language in the sample letter on page 18.		Be sure they include a copy of the protection order.
If they want to end their lease and have a document signed by a qualified third party...	They can send a letter using the language in the sample letter on page 19.		Be sure they include a copy of the signed document.
If they can want to take someone off their lease...	They can send a letter using the language in the sample letter on page 20.		

To Change Their Locks

If they want their locks changed and have a protection order...	They can send a letter using the language in the sample letter on page 21.	 Be sure they include a copy of the protection order.
If they want their locks changed because they want to keep out someone who has harmed them...	They can send a letter using the language in the sample letter on page 22.	
If they asked to have their locks changed 5 business days ago, and they have not been changed yet...	They can send a letter using the language in the sample letter on page 23.	

Who can help my clients if someone is discriminating against them?

Contact the District of Columbia and federal government agencies. You will find contact information and sample letters on the following pages.

DC Office of Human Rights

*Victims can contact the Office of Human Rights if they feel a **housing or shelter provider** discriminated against them.*

How to File a Complaint:

Use a computer and complete an Office of Human Rights intake form online at <http://ohr.dc.gov/ohr/cwp/view,a,3,q,643009.asp>

Fill out OHR complaint intake form and/or

Fax it to:
(202) 727-9589

Mail it to:
441 4th Street NW
Suite 570 North
Washington, DC 20001

File a complaint in person at:
441 4th Street NW
Suite 570 North
Washington, DC 20001

For more information contact:

DC Office of Human Rights
441 4th Street NW
Suite 570 North
Washington, DC 20001

Phone: (202) 727-4559
TTY: (202) 727-8673
Web: <http://ohr.dc.gov>

U.S. Department of Housing and Urban Development (HUD)

Victims can contact HUD if they feel they have been discriminated against by a landlord, owner, bank, real estate agent, broker, company, or organization while trying to rent or buy a home or apartment.

How to File a Complaint:

Use a computer: Complete the online complaint form (HUD Form 903) at www.hud.gov/complaints/housediscrim.cfm

Call toll-free: (800) 669-9777

If calling, be sure to have the victims fill out a complaint form (HUD Form 903) as much as they can, and have it in front of them, as well as documentation of their experiences (if possible).

Mail the form: Fill out the complaint form (HUD Form 903) and mail to:
Office of Fair Housing and Equal Opportunity
Department of Housing and Urban Development
Room 5204
451 7th Street SW
Washington, DC 20410-2000

Mail a letter: Fill out the attached complaint letter (see page 13) and mail it to:
U.S. Department of Housing and Urban Development
The Wanamaker Building
100 Penn Square East, 12th Floor
Philadelphia, PA 19107-3380

For more information contact:

U.S. Department of Housing and Urban Development
451 7th Street SW
Washington, DC 20410

Phone: (202) 708-1112

TTY: (202) 708-1455

Web: www.hud.gov

HUD Complaint Letter

Victims of domestic violence can send a letter with this information to HUD if they feel a landlord, owner, real estate agent, broker, company or organization discriminated against them when they tried to buy or rent a home or apartment.

Name:
Address:
Phone number:

Date:

U.S. Department of Housing and Urban Development
The Wanamaker Building
100 Penn Square East, 12th Floor
Philadelphia, PA 19107-3380

Re: Claim of Housing Discrimination

To Whom It May Concern:

My name is _____.

I believe I was discriminated against by (name of housing provider or shelter):

Housing provider/shelter address:

Date of discrimination: _____

How and why the discrimination occurred (what happened):

If you have any questions, please contact me at: _____.

Sincerely,

Signature

U.S. Department of Health and Human Services (HHS)

Victims of domestic violence can contact HHS if they feel a shelter, Section 8 housing, a health care or human services provider, a state or local government agency, or any HHS program discriminated against them.

How to File a Complaint:

Use a computer: Complete the HHS Civil Rights Discrimination Complaint form online:

<http://www.hhs.gov/ocr/civilrights/complaints/crcomplaintconsentpkg.pdf>

Call toll-free: (800) 368-1019

If calling, be sure to have the victim fill out a complaint form as much as they can and have it in front of them as well as documentation of their experiences (if possible).

Fill out the attached sample HHS complaint letter (see page 16) or HHS Complaint form, and/or:

Email the letter to: OCRComplaint@hhs.gov

Fax the on-line complaint form or letter to: (215) 861-4431, or

Mail the complaint letter template or complaint form to the District of Columbia's regional office at:

Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111

For more information contact:

Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111

Phone: (215) 861-4441

TDD: (215) 861-4440

HHS Complaint Letter

Victims of domestic violence can send a letter with this information to HHS if they feel a shelter, Section 8 housing, a health care or human services provider, a state or local government agency, or any HHS program discriminated against them.

Name:
Address:
Phone number:

Date:

Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111

Re: Claim of Housing Discrimination

To Whom It May Concern:

My name is _____.

I believe I was discriminated against by (name of housing provider or shelter):

Housing provider/shelter address:

Date of discrimination: _____

How and why the discrimination occurred (what happened):

If you have any questions, please contact me at _____.

Sincerely,

Signature

District of Columbia Housing Authority (DCHA)

Victims can contact the District of Columbia Housing Authority's Office of Fair Hearings if they are residents of or applicants for DCHA public housing, Section 8 housing, or subsidized housing, and they feel DCHA has done something (or refused to do something) that adversely affects their rights, or welfare.

First, victims should try to resolve the issue directly with the housing manager or office involved. If that is unsuccessful, they can file a grievance with the DCHA Office of Fair Hearings.

How to File a Grievance:

Mail a letter explaining what happened to:

DCHA Office of Fair Hearings
1133 N. Capitol Street NE
Washington, DC 20002

Visit the office: Explain in person how they were victims of discrimination:

DCHA Office of Fair Hearings
1133 N. Capitol Street NE
Washington, DC 20002

Fill out a grievance form available at every DCHA property management office and give it to the property management office (if they are already a tenant there) or to the Client Placement Division Office of DCHA at the address above (if they are an applicant).

Do your clients in public housing have a disability?

If so, they can request an exception to a rule or policy, called a **“request for reasonable accommodation,”** that gives them an equal opportunity to use and enjoy the housing. Your client can apply for a reasonable accommodation by:

Filling out the DCHA Reasonable Request for Accommodation form, available from the manager of all public housing residences in the District.

Calling the Office of the ADA/504 Program at (202) 535-2737.

Sample 1

Victims of domestic violence should use this sample letter, if they need to end their leases and they have protection orders. Remind them to include a copy of the protection order when they mail this letter.

Tenant Name:

Address:

Date:

Housing Provider:

Address:

Re: Notice of Lease Termination pursuant to D.C. Code § 42-3505.07

Dear housing provider:

I, _____, am writing to provide you with formal notice of my intent to end the lease agreement on my rental unit (write address here)_____.

According to DC law, you must end my lease agreement within 14 days of notification without penalty because:

1. I am a victim of an intrafamily offense as defined by *D.C. Code § 16-1001(8)*, and
2. I have a protection order issued pursuant to *D.C. Code § 16-1005* (copy enclosed)

Under DC law, you may charge me rent prorated to the earlier of leasing the unit to someone else or 14 days from today. You cannot keep my security deposit as a penalty for ending the lease early. I will notify you of the forwarding address so you can return the security deposit to me as soon as possible.

If you have any questions, please contact me at _____. Thank you.

Sincerely,

Signature

Enclosure: Copy of Protection Order

Sample 2

Victims of domestic violence should use this sample letter if they need to end their lease and they have a document signed by a qualified third party. Remind them to include a copy of this signed document when they mail this letter.

Tenant Name:

Address:

Date:

Housing Provider

Address

Re: Notice of Lease Termination pursuant to D.C. Code § 42-3505.07

Dear Housing Provider:

I, _____, am writing to provide you with notice of my intent to end the lease agreement on my rental unit at _____. According to DC law, you must end my lease agreement within 14 days of notification without penalty because:

1. I am a victim of an intrafamily offense as defined by D.C. law, and
2. I have a document signed by a qualified third party (copy enclosed).

Under DC law, you may charge me rent prorated to the earlier of leasing the unit to someone else or 14 days from today. You cannot keep my security deposit as a penalty for ending the lease early. I will notify you of the forwarding address so you can return the security deposit to me as soon as possible.

If you have any questions, please contact me at _____. Thank you.

Sincerely,

Signature

Enclosure: Copy of document signed by qualified third party

Sample 3

Victims of domestic violence can use this sample letter if they need to get someone off their lease. It is called a "Request to Bifurcate Lease Agreement." Bifurcate means to take a person off a lease without their permission.

Tenant Name:

Address:

Date:

Housing Provider:

Address:

Re: Request to Bifurcate Lease Agreement pursuant to the Violence Against Women Act of 2005

Dear Housing Provider:

I, _____, am writing to formally request a bifurcation of the lease agreement on my rental unit at _____, which will remove _____ from the lease and end _____ tenancy.

As stated in the *Violence Against Women Act of 2005*, public housing providers are permitted to change the lease of any tenant who is a victim of domestic violence to end the abuser's tenancy and allow the victim to remain in the home with the rest of their family.

If you wish, you may request certification of my status as a victim of domestic violence, as stated in the *Violence Against Women Act* (such as a HUD self-certification form; a written, signed statement from a victims services provider, medical personnel, attorney, or police; or court records), but any information provided to you **must** be kept confidential.

If you have any questions, please contact me at _____. Thank you.

Sincerely,

Signature

Sample 4

Victims of domestic violence can use this sample letter if they need to have their locks changed, and they have a protection order. Remind them to include a copy of the protection order when they mail this letter.

Tenant Name:
Address:

Date:

Housing Provider:
Address:

Re: Request for Lock Changes pursuant to D.C. Code §42-3505.08

Dear Housing Provider:

I, _____, am writing to formally request a change of locks on the entrance doors to my rental unit, _____ . According to DC law, you are required to change the entrance door locks within five business days of receiving this request because:

1. I am a victim of an intrafamily offense as defined in *D.C. Code § 16-1001(8)*, and
2. I have a protection order issued pursuant to *D.C. Code § 16-1005* (copy enclosed).

You are required to pay the costs for the lock change. If you wish, you may provide me with written documentation of the costs, and I will reimburse them within 45 days, if they do not exceed the fees charged to other tenants for changing locks in other circumstances.

You must not provide _____ with the new keys nor allow _____ access to my rental unit or any property therein, even if _____ name is on the lease.

Thank you for your prompt attention to this matter. If you have any questions, please contact me at _____.

Sincerely,
Signature

Enclosure: Copy of Protection Order

Sample 5

Victims of domestic violence can use this sample letter if they need to have their locks changed because they are victims of an intrafamily offense. This means a person related to them by blood, adoption, legal custody, marriage or domestic partnership, or with whom they have a child has committed a criminal offense against them (or threatened to do so).

Tenant Name:

Address:

Date:

Housing Provider:

Address:

Re: Request for Lock Changes pursuant to D.C. Code §42-3505.08

Dear Housing Provider:

I, _____, am writing to formally request a change of locks on the entrance doors to my rental unit,

_____. Under DC law, you are required to change the entrance door locks within five business days of receiving this request because I am a victim of an intrafamily offense as defined by D.C. law.

Since the perpetrator is not a tenant in the rental unit, I am only required to provide you with this written request for the lock change. You are required to pay the costs for the lock change. If you wish, you may provide me with written documentation of the costs, and I will reimburse them within 45 days, if they do not exceed the fees charged to other tenants for changing locks in other circumstances.

Thank you for your prompt attention to this matter. If you have any questions, please contact me at _____.

Sincerely,

Signature

Sample 6

Victims of domestic violence can use this sample letter if it's been five business days since they asked to have their locks changed, and they haven't been changed yet. Remind them to enclose a copy of the original letter that asked for the change of locks and make a copy of this letter.

Tenant Name:
Address:

Date:

Housing Provider Name:
Address:

Re: Request for Lock Changes pursuant to D.C. Code §42-3505.08

Dear Housing Provider:

I, _____, am writing to follow up on my letter dated _____ requesting a change of locks on the entrance doors to my rental unit, _____ (see enclosed letter).

According to DC law, you were required to change the entrance door locks within five business days of receiving my formal request. As of today, you are in violation of the law, because the locks have not been changed.

If the locks are not changed by the close of business tomorrow, I will pursue my legal options, including filing a complaint with the District of Columbia Office of Human Rights to fix this problem.

If you have any questions, please contact me at _____.

Sincerely,

Signature

Enclosure: Copy of letter

Glossary

Bifurcate: To separate or cut a person out of a lease without their permission.

Business Day: Most commonly Monday through Friday, between 9 am and 5 pm.

CPO/TPO: These acronyms stand for Civil Protection Order and Temporary Protection Order. A Civil Protection Order is a final order from a judge telling an abuser to stay away from the victim that lasts up to one year. They can only get a CPO by going to a court hearing and notifying the abuser. A Temporary Protection Order can be given the day they file for protection in the court, even if the abuser is not present, and lasts for 14 days. A judge can order a TPO if he/she believes the victim or a member of his/her household is in immediate danger from the abuser and the victim cannot wait for a CPO hearing.

Give Notice: To tell the landlord or housing provider of anything — from a demand to change locks to the victim's intent to leave. It usually must be done in writing.

HUD: The acronym for the U.S. Department of Housing and Urban Development, the federal government agency in charge of affordable housing and community development.

Intrafamily Offense: A criminal offense that is committed, or threatened to be committed, by someone related to the victim by blood, adoption, legal custody, marriage, or domestic partnership, or with whom they have a child in common.

Prorate: To calculate rent per day from monthly rent. This allows for charges less than the full month's rent.

Protection Order: A temporary or final court order that forbids a person from committing violent or threatening acts or harassing, contacting or communicating with, or being close to, another individual.

Public Housing: Government built, owned, and operated housing that is typically made available to low-income individuals and families at reduced rents.

Public Housing Provider: The people or organization in charge of operating or renting specific units of public housing.

Public Safety Transfer: Transferring from one public housing unit to another because of a situation that endangers a tenant's or household member's life from something other than the condition of the unit or the building. These life-threatening conditions must be documented and verified and may include situations, such as crimes, domestic violence, or hate crimes.

Qualified Third Party: Any of the following people who can help a victim by acting in their official capacity:

- (1) A law enforcement officer
- (2) A sworn officer of the D.C. Housing Authority Office of Public Safety
- (3) A health professional
- (4) A domestic violence counselor

Reasonable Accommodation: A “reasonable accommodation” is a change, exception, or adjustment made to meet the needs of someone with a disability so that person can have an equal opportunity to use and enjoy a dwelling, including public and common use spaces.

Section 8: An affordable housing assistance program offered by the federal government, either as rental vouchers to reduce rents or as specific Section 8-designated buildings with reduced rents for low-income tenants.

Resources

Legal

These organizations offer legal advice or services to help victims with housing/shelter issues.

- **The Washington Legal Clinic for the Homeless**
(202) 328-5500
www.legalclinic.org
- **Legal Aid Society of the District of Columbia**
(202) 628-1161
www.legalaiddc.org
- **DC Law Students in Court Program**
(202) 638-4798
www.dclawstudents.org
- **Neighborhood Legal Service Program**
Southeast/Southwest (202) 678-2000
Northwest/Northeast (202) 269-5100
Northeast (202) 399-1346
www.nlsp.org
- **Bread for the City**
(202) 265-2400
(202) 561-8587
www.breadforthecity.org/Page.aspx?pid=206
- **Landlord/Tenant Resource Center**
(202) 508-1710
http://www.dccourts.gov/dccourts/superior/civil/landlord_tenant.jsp
- **University of the District of Columbia David A. Clarke School of Law Housing/Consumer Clinic**
(202) 274-5120
<http://www.law.udc.edu/?page=HousingClinic>
- **Columbus Community Legal Clinic, Catholic University School of Law**
(202) 319-6788
www.law/cua/edi/clinics/clc
<http://www.law.edu/clinics/cle/clinics-columbus.cfm>

-
- **Legal Counsel for the Elderly**
(202) 434-2170
www.aarp.org/lce
 - **National Law Center on Homelessness and Poverty**
(202) 638-2535
www.nlchp.org
 - **Equal Rights Center**
Phone: (202) 234-3062
TTY: (202) 234-7590
Toll-free: (866) 719-4372
www.equalrightscenter.org

Community and Referral Resources

These organizations can help with housing/shelter, food, public assistance, protection orders and legal issues.

- **District Alliance for Safe Housing**
(202) 742-1728 (Housing Resource Center)
(202) 462-3274 (Administrative Office)
www.dashdc.org
- **DC Coalition Against Domestic Violence**
(202) 299-1181
www.dccadv.org
- **Asian Pacific Islander Domestic Violence Resource Project (DVRP)**
(202) 464-4477
www.dvrp.org
- **Ayuda, Inc.**
(202) 387-4848
www.ayudainc.org
- **Break the Cycle**
(202) 824-0707
www.breakthecycle.org
- **Deaf Abused Women's Network (DAWN)**
(202) 559-5366 (videophone)
www.deafdawn.org

-
- **DV LEAP**
www.dvleap.org
 - **House of Ruth**
(202) 667-7001
www.houseofruth.org
 - **My Sister's Place**
(202) 529-5991 (24-hour Hotline)
www.mysistersplacedc.org
 - **Ramona's Way**
(202) 822-3888
www.ramonasway.org
 - **SAFE, Inc.**
(202) 879-7851 Courthouse Office
(202) 561-3095 United Medical Center
(202) 408-1476 Main Office
www.dcsafe.org
 - **WEAVE, Inc.**
(202) 452-9550
www.weaveincorp.org
 - **Women of Freedom Foundation**
(202) 250-1699
www.womenoffreedomfoundation.org
 - **National Domestic Violence Hotline**
1-800-799-7233 (24 Hour Hotline)
TTY 1-800-787-3224
www.ndvh.org
 - **DC Rape Crisis Center**
(202) 333-7273 (24 hour Crisis Line)
TTY (202) 328 1371
www.dcrcc.org

Housing Counseling Resources

These organizations can help victims with housing issues if they need to stay or leave the home.

- **District Alliance for Safe Housing**
(202) 742-1728
www.dashdc.org
- **Housing Counseling Services**
(202) 667-7006
www.housingetc.org
- **University Legal Services**
(202) 547-4747
(202) 442-7180
www.uls-dc.org
- **Latino Economic Development Corporation**
(866) 977-5332
www.ledcdc.org
- **Lydia's House**
(202) 373-1050
www.lydiashousendc.org

Additional Government Resources

These government agencies can help victims with additional housing/shelter issues.

- **Rental Housing Commission**
 - Enforces the Rental Housing Act of 1985 and decides appeals from the Rent Administrator and the Office of Administrative Hearings.
(202) 442-8949
www.dhcd.dc.gov/dhcd/cwp/view,a,1243,q,641700.asp
- **Office of the Tenant Advocate**
 - The Office of the Tenant Advocate helps tenants understand the *Rental Housing Act of 1985* (rent control) and the *Rental Housing Conversion and Sale Act of 1980*. The documents and links on the website will help tenants understand their rights and the processes for ensuring they are treated fairly under the law.
(202) 442-8359
www.ota.dc.gov

- **Department of Consumer and Regulatory Affairs Multi-Door Dispute Resolution Services**

- The Multi-Door Dispute Resolution Service is a good place to start when tenants think they might have a problem with their landlord or housing provider. This service tells tenants about their rights and resources, shows them effective ways to resolve the problem on their own, and helps them find exactly which services would be best.

Tenants can:

- **Call** (202) 879-1549 and ask to speak with a Dispute Resolution Specialist
- **Fax** questions or documents to (202) 879-9458
- **Visit** their office at:
515 5th Street NW
Suite 114
Washington, DC 20001 *(Use the Police Memorial Entrance at Judiciary Square metro station.)*

① Appendix 1

D.C. Office of Human Rights (OHR) Complaint Form

**DISTRICT OF COLUMBIA GOVERNMENT
OFFICE OF HUMAN RIGHTS**



HOUSING/COMMERCIAL SPACE INTAKE QUESTIONNAIRE

COMPLETING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A DISCRIMINATION CHARGE.

Asterisks (*) are required fields.

1. COMPLAINANT

*Date:

*Street Address:

*Name:

*City: *State: *Zip:

Telephone (H): Telephone (W):

*Email:

*What language do you prefer to communicate in? :

English Amharic Chinese Vietnamese Korean Spanish Other(Please list)

Do you require a reasonable accommodation? If so, Please explain

Do you require language interpretation? If so, what language

IF REPRESENTED BY COUNSEL, PLEASE PROVIDE THE FOLLOWING:

Name: Street Address:

Telephone/Fax:

City State Zip

Please note: If you are represented by counsel or retain counsel prior to your scheduled Intake interview, the counsel must either (1) be present with you for the duration of your Intake interview, or (2) withdraw his/her appearance from the interview by submitting a letter to the Office indicating that the interview may take place without his/her representation.

2. RESPONDENT

The person that discriminated against you was:

Owner Property manager Leasing Agent Maintenance person Other

Place where discrimination occurred:

Single Family Home/Duplex Apartment Complex Apartment Complex Condominium Cooperative

Property Address

Date of Occurrence NAME OF ESTABLISHMENT (INCLUDE MANAGEMENT COMPANY:

NAME AND TITLE OF AGENT, REALTOR, BROKER:

Property Address

City State Zip

e-mail Address Tel/Fax #

3. ISSUE OF COMPLAINT

*What action was taken that made you feel you were treated differently?

Refusal to rent/sell Discriminatory Financing Terms Discriminatory advertising, statements and notices

Failure to make an accommodation i.e. Disability False Representation of Availability

Retaliation, Harassment, Intimidation, Coercion Discriminatory terms, conditions, services and facilities
(i.e. Disability)

Other

4. BASIS OF COMPLAINT

The basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in that category.

*Do you feel you were discriminated against because of your: (Please check appropriate box and provide detail, if necessary.)

Race Sex Source of Income Political Affiliation Place of Residence or Business Color Age

Matriculation Disability Marital Status National Origin Religion Sexual Orientation Familial Status

Status of a victim of an intra-family offense Gender Identity or expression Personal Appearance

5. JURISDICTION (Please check all that apply):

*Alleged violation occurred in the District of Columbia. *Alleged violation occurred 365 days or less from today's date.

* You have not commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein.

6. WITNESS

List whom you feel can corroborate your experience and provide evidence in your support.

Name	<input type="text"/>	e-mail Address	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	e-mail Address	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	e-mail Address	<input type="text"/>	Phone Number	<input type="text"/>

7. YOUR COMPLAINT

***Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying goods, services, etc. If this is a disability-based complaint, please specify whether an accommodation was requested; the person the request was submitted to and the date Respondent was notified of your disability.**

SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE. The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

*Signature

*Date

① Appendix 2

U.S. Department of Housing and Urban Development (HUD) Complaint Form

Are You a Victim of Housing Discrimination?

Fair Housing is Your Right!

If you have been denied your housing rights...you may have experienced unlawful discrimination.



U.S. Department of Housing and Urban Development

WHERE TO MAIL YOUR FORM OR INQUIRE ABOUT YOUR CLAIM

**For Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and Vermont:
NEW ENGLAND OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, Room 321
Boston, MA 02222-1092
Telephone (617) 994-8320 or 1-800-827-5005
Fax (617) 565-7313 • TTY (617) 565-5453
E-mail: Complaints_office_01@hud.gov

**For New Jersey and New York:
NEW YORK/NEW JERSEY OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
26 Federal Plaza, Room 3532
New York, NY 10278-0068
Telephone (212) 264-1290 or 1-800-496-4294
Fax (212) 264-9829 • TTY (212) 264-0927
E-mail: Complaints_office_02@hud.gov

**For Delaware, District of Columbia, Maryland,
Pennsylvania, Virginia, and West Virginia:
MID-ATLANTIC OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
The Wanamaker Building
100 Penn Square East
Philadelphia, PA 19107
Telephone (215) 656-0663 or 1-888-799-2085
Fax (215) 656-3419 • TTY (215) 656-3450
E-mail: Complaints_office_03@hud.gov

**For Alabama, the Caribbean, Florida, Georgia, Kentucky, Missis-
sippi, North Carolina, South Carolina, and Tennessee:
SOUTHEAST/CARIBBEAN OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Five Points Plaza
40 Marietta Street, 16th Floor
Atlanta, GA 30303-2808
Telephone (404) 331-5140 or 1-800-440-8091
Fax (404) 331-1021 • TTY (404) 730-2654
E-mail: Complaints_office_04@hud.gov

**For Illinois, Indiana, Michigan, Minnesota,
Ohio, and Wisconsin:
MIDWEST OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Ralph H. Metcalfe Federal Building
77 West Jackson Boulevard, Room 2101
Chicago, IL 60604-3507
Telephone (312) 353-7776 or 1-800-765-9372
Fax (312) 886-2837 • TTY (312) 353-7143
E-mail: Complaints_office_05@hud.gov

**For Arkansas, Louisiana, New Mexico, Oklahoma, and Texas:
SOUTHWEST OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
801 North Cherry, 27th Floor
Fort Worth, TX 76102
Telephone (817) 978-5900 or 1-888-560-8913
Fax (817) 978-5876 or 5851 • TTY (817) 978-5595
E-mail: Complaints_office_06@hud.gov

**For Iowa, Kansas, Missouri and Nebraska:
GREAT PLAINS OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Gateway Tower II
400 State Avenue, Room 200, 4th Floor
Kansas City, KS 66101-2406
Telephone (913) 551-6958 or 1-800-743-5323
Fax (913) 551-6856 • TTY (913) 551-6972
E-mail: Complaints_office_07@hud.gov

**For Colorado, Montana, North Dakota, South Dakota,
Utah, and Wyoming:
ROCKY MOUNTAINS OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
1670 Broadway
Denver, CO 80202-4801
Telephone (303) 672-5437 or 1-800-877-7353
Fax (303) 672-5026 • TTY (303) 672-5248
E-mail: Complaints_office_08@hud.gov

**For Arizona, California, Hawaii, and Nevada:
PACIFIC/HAWAII OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
600 Harrison Street, Third Floor
San Francisco, CA 94107-1300
Telephone (415) 489-6524 or 1-800-347-3739
Fax (415) 489-6558 • TTY (415) 436-6594
E-mail: Complaints_office_09@hud.gov

**For Alaska, Idaho, Oregon, and Washington:
NORTHWEST/ALASKA OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Seattle Federal Office Building
909 First Avenue, Room 205
Seattle, WA 98104-1000
Telephone (206) 220-5170 or 1-800-877-0246
Fax (206) 220-5447 • TTY (206) 220-5185
E-mail: Complaints_office_10@hud.gov

***If after contacting the local office nearest you, you still have ques-
tions – you may contact HUD further at:***

U.S. Dept. of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
451 7th Street, S.W., Room 5204
Washington, DC 20410-2000
Telephone (202) 708-0836 or 1-800-669-9777
Fax (202) 708-1425 • TTY 1-800-927-9275

To file electronically, visit: www.hud.gov

PLACE
POSTAGE
HERE

MAIL TO:

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The Department of Housing and Urban Development is authorized to collect this information by Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, (P.L. 100-430); Title VI of the Civil Rights Act of 1964, (P.L. 88-352); Section 504 of the Rehabilitation Act of 1973, as amended, (P.L. 93-112); Section 109 of Title I- Housing and Community Development Act of 1974, as amended, (P.L. 97-35); Americans with Disabilities Act of 1990, (P.L. 101-336); and by the Age Discrimination Act of 1975, as amended, (42 U.S.C. 6103).

The information will be used to investigate and to process housing discrimination complaints. The information may be disclosed to the United States Department of Justice for its use in the filing of pattern and practice suits of housing discrimination or the prosecution of the person(s) who committed that discrimination where violence is involved; and to State or local fair housing agencies that administer substantially equivalent fair housing laws for complaint processing. Failure to provide some or all of the requested information will result in delay or denial of HUD assistance.

Disclosure of this information is voluntary.



HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

Instructions: (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated.

Your Name

Your Address

City

State

Zip Code

Best time to call

Your Daytime Phone No

Evening Phone No

Who else can we call if we cannot reach you?

Contact's Name

Best Time to call

Daytime Phone No

Evening Phone No

Contact's Name

Best Time to call

Daytime Phone No

Evening Phone No



What happened to you?

How were you discriminated against?

For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing?

State briefly what happened.

HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

2 Why do you think you are a victim of housing discrimination?

Is it because of your:

• race • color • religion • sex • national origin • familial status (families with children under 18) • disability?

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

Briefly explain why you think your housing rights were denied and circle the factor(s) listed above that you believe apply.

3 Who do you believe discriminated against you?

For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Identify who you believe discriminated against you.

Name

Address

4 Where did the alleged act of discrimination occur?

For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home?

Did it occur at a bank or other lending institution?

Provide the address.

Address

City

State

Zip Code

5 When did the last act of discrimination occur?

Enter the date

____/____/____

Is the alleged discrimination continuing or ongoing?

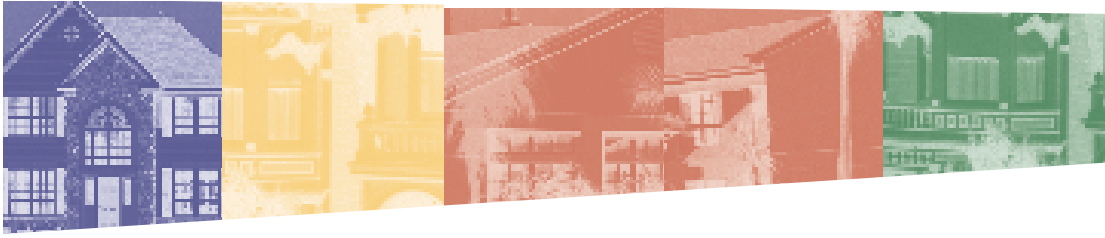
Yes No

☐☐

Signature

Date

Send this form to HUD or to the fair housing agency nearest you. If you are unable to complete this form, you may call that office directly. See address and telephone listings on back page.



It is Unlawful to Discriminate in Housing Based on These Factors...

- Race
- Color
- National origin
- Religion
- Sex
- Familial status (families with children under the age of 18, or who are expecting a child)
- Handicap (if you or someone close to you has a disability)

If You Believe Your Rights Have Been Violated...

- HUD or a State or local fair housing agency is ready to help you file a complaint.
- After your information is received, HUD or a State or local fair housing agency will contact you to discuss the concerns you raise.

Detach here. Fold and close with glue or tape (no staples)

Keep this information for your records.

Date you mailed your information to HUD:

____/____/____

Address to which you sent the information:

Office

Telephone

Street

City

State

Zip Code

If you have not heard from HUD or a State or local fair housing agency within three weeks from the date you mailed this form, you may call to inquire about the status of your complaint. See address and telephone listings on back page.

ARE YOU A VICTIM OF HOUSING DISCRIMINATION?

"The American Dream of having a safe and decent place to call 'home' reflects our shared belief that in this nation, opportunity and success are within everyone's reach.

Under our Fair Housing laws, every citizen is assured the opportunity to build a better life in the home or apartment of their choice — regardless of their race, color, religion, sex, national origin, family status or disability."

Alphonso Jackson
Secretary

HOW DO YOU RECOGNIZE HOUSING DISCRIMINATION?

Under the Fair Housing Act, it is Against the Law to:

- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartments or homes only in certain neighborhoods
- Set different terms, conditions, or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights

① Appendix 3

**U.S. Department of Health and Human
Services (HHS) Complaint Form**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE FOR CIVIL RIGHTS (OCR)

CIVIL RIGHTS DISCRIMINATION COMPLAINT

Form Approved: OMB No. 0990-0269.
See OMB Statement on Reverse.

YOUR FIRST NAME		YOUR LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS		CITY	
STATE	ZIP	E-MAIL ADDRESS (If available)	

Are you filing this complaint for someone else? ☐ Yes ☐ No
If Yes, whose civil rights do you believe were violated?
FIRST NAME LAST NAME

I believe that I have been (or someone else has been) discriminated against on the basis of:

- ☐ Race / Color / National Origin ☐ Age ☐ Religion ☐ Sex
☐ Disability ☐ Other (specify): _____

Who or what agency or organization do you believe discriminated against you (or someone else)?

PERSON/AGENCY/ORGANIZATION

STREET ADDRESS		CITY
STATE	ZIP	PHONE (Please include area code)

When do you believe that the civil right discrimination occurred?

LIST DATE(S)

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

SIGNATURE

DATE (mm/dd/yyyy)

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's web site at:

www.hhs.gov/ocr/civilrights/complaints/index.html. To mail a complaint see reverse page for OCR Regional addresses.

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect OCR's decision to process your complaint.

Do you need special accommodations for us to communicate with you about this complaint? (Check all that apply)

- ☐ Braille ☐ Large Print ☐ Cassette tape ☐ Computer diskette ☐ Electronic mail ☐ TDD
- ☐ Sign language interpreter (specify language): _____
- ☐ Foreign language interpreter (specify language): _____ ☐ Other: _____

If we cannot reach you directly, is there someone we can contact to help us reach you?

FIRST NAME		LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS		CITY	
STATE	ZIP	E-MAIL ADDRESS (If available)	

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)

PERSON/AGENCY/ORGANIZATION/ COURT NAME(S)

DATE(S) FILED	CASE NUMBER(S) (If known)
---------------	---------------------------

To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

ETHNICITY (select one) RACE (select one or more)

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Other (specify): _____

PRIMARY LANGUAGE SPOKEN (if other than English) _____

How did you learn about the Office for Civil Rights?

- ☐ HHS Website/Internet Search ☐ Family/Friend/Associate ☐ Religious/Community Org ☐ Lawyer/Legal Org ☐ Phone Directory ☐ Employer
- ☐ Fed/State/Local Gov ☐ Healthcare Provider/Health Plan ☐ Conference/OCR Brochure ☐ Other (specify): _____

To mail a complaint, please type or print, and return completed complaint to the OCR Regional Address based on the region where the alleged violation took place. If you need assistance completing this form, contact the appropriate region listed below.

Region I - CT, ME, MA, NH, RI, VT Office for Civil Rights, DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) (617) 565-3809 FAX	Region V - IL, IN, MI, MN, OH, WI Office for Civil Rights, DHHS 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD) (312) 886-1807 FAX	Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions Office for Civil Rights, DHHS 90 7th Street, Suite 4-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX
Region II - NJ, NY, PR, VI Office for Civil Rights, DHHS 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX	Region VI - AR, LA, NM, OK, TX Office for Civil Rights, DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX	
Region III - DE, DC, MD, PA, VA, WV Office for Civil Rights, DHHS 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) (215) 861-4431 FAX	Region VII - IA, KS, MO, NE Office for Civil Rights, DHHS 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (TDD) (816) 426-3686 FAX	
Region IV - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights, DHHS 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 331-2867 (TDD) (404) 562-7881 FAX	Region VIII - CO, MT, ND, SD, UT, WY Office for Civil Rights, DHHS 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX	Region X - AK, ID, OR, WA Office for Civil Rights, DHHS 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX

Burden Statement

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 531H, Washington, D.C. 20201. **Please do not mail complaint form to this address.**

HHS-699 (7/09) (BACK)



COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

Please read and review the documents entitled, [*Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights*](#) and [*Protecting Personal Information in Complaint Investigations*](#) for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.



- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

After reading the above information, please check ONLY ONE of the following boxes:

☐ **CONSENT:** I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

☐ **CONSENT DENIED:** I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: _____ Date: _____

**Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.*

Name (Please print): _____

Address: _____

Telephone Number: _____



NOTICE TO COMPLAINANTS AND OTHER INDIVIDUALS ASKED TO SUPPLY INFORMATION TO THE OFFICE FOR CIVIL RIGHTS

Privacy Act

The Privacy Act of 1974 (5 U.S.C. §552a) requires OCR to notify individuals whom it asks to supply information that:

— OCR is authorized to solicit information under:

- (i) Federal laws barring discrimination by recipients of Federal financial assistance on grounds of race, color, national origin, disability, age, sex, religion under programs and activities receiving Federal financial assistance from the U.S. Department of Health and Human Services (HHS), including, but not limited to, Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), and Sections 794 and 855 of the Public Health Service Act (42 U.S.C. §§295m and 296g);
- (ii) Titles VI and XVI of the Public Health Service Act (42 U.S.C. §§291 et seq. and 300s et seq.) and 42 C.F.R. Part 124, Subpart G (Community Service obligations of Hill-Burton facilities);
- (iii) 45 C.F.R. Part 85, as it implements Section 504 of the Rehabilitation Act in programs conducted by HHS; and
- (iv) Title II of the Americans with Disabilities Act (42 U.S.C. §12131 et seq.) and Department of Justice regulations at 28 C.F.R. Part 35, which give HHS "designated agency" authority to investigate and resolve disability discrimination complaints against certain public entities, defined as health and service agencies of state and local governments, regardless of whether they receive federal financial assistance.
- (v) The Standards for the Privacy of Individually Identifiable Health Information (The Privacy Rule) at 45 C.F.R. Part 160 and Subparts A and E of Part 164, which enforce the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 U.S.C. §1320d-2).

OCR will request information for the purpose of determining and securing compliance with the Federal laws listed above. Disclosure of this requested information to OCR by individuals who are not recipients of federal financial assistance is voluntary; however, even individuals who voluntarily disclose information are subject to prosecution and penalties under 18 U.S.C. § 1001 for making false statements.

Additionally, although disclosure is voluntary for individuals who are not recipients of federal financial assistance, failure to provide OCR with requested information may preclude OCR from making a compliance determination or enforcing the laws above.



OCR has the authority to disclose personal information collected during an investigation without the individual's consent for the following routine uses:

- (i) to make disclosures to OCR contractors who are required to maintain Privacy Act safeguards with respect to such records;
- (ii) for disclosure to a congressional office from the record of an individual in response to an inquiry made at the request of the individual;
- (iii) to make disclosures to the Department of Justice to permit effective defense of litigation; and
- (iv) to make disclosures to the appropriate agency in the event that records maintained by OCR to carry out its functions indicate a violation or potential violation of law.

Under 5 U.S.C. §552a(k)(2) and the HHS Privacy Act regulations at 45 C.F.R. §5b.11 OCR complaint records have been exempted as investigatory material compiled for law enforcement purposes from certain Privacy Act access, amendment, correction and notification requirements.

Freedom of Information Act

A complainant, the recipient or any member of the public may request release of OCR records under the Freedom of Information Act (5 U.S.C. §552) (FOIA) and HHS regulations at 45 C.F.R. Part 5.

Fraud and False Statements

Federal law, at 18 U.S.C. §1001, authorizes prosecution and penalties of fine or imprisonment for conviction of "whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry".



PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS

To investigate your complaint, the Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) will collect information from different sources. Depending on the type of complaint, we may need to get copies of your medical records, or other information that is personal to you. This Fact Sheet explains how OCR protects your personal information that is part of your case file.

HOW DOES OCR PROTECT MY PERSONAL INFORMATION?

OCR is required by law to protect your personal information. The Privacy Act of 1974 protects Federal records about an individual containing personally identifiable information, including, but not limited to, the individual's medical history, education, financial transactions, and criminal or employment history that contains an individual's name or other identifying information.

Because of the Privacy Act, OCR will use your name or other personal information with a signed consent and only when it is necessary to complete the investigation of your complaint or to enforce civil rights laws or when it is otherwise permitted by law.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

CAN I SEE MY OCR FILE?

Under the Freedom of Information Act (FOIA), you can request a copy of your case file once your case has been closed; however, OCR can withhold information from you in order to protect the identities of witnesses and other sources of information.

CAN OCR GIVE MY FILE TO ANY ONE ELSE?

If a complaint indicates a violation or a potential violation of law, OCR can refer the complaint to another appropriate agency without your permission.

If you file a complaint with OCR, and we decide we cannot help you, we may refer your complaint to another agency such as the Department of Justice.

CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?

Access to OCR's files and records is controlled by the Freedom of Information Act (FOIA). Under FOIA, OCR may be required to release information about this case upon public request. In the event that OCR receives such a request, we will make every effort,



as permitted by law, to protect information that identifies individuals, or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

If OCR receives protected health information about you in connection with a HIPAA Privacy Rule investigation or compliance review, we will only share this information with individuals outside of HHS if necessary for our compliance efforts or if we are required to do so by another law.

DOES IT COST ANYTHING FOR ME (OR SOMEONE ELSE) TO OBTAIN A COPY OF MY FILE?

In most cases, the first two hours spent searching for document(s) you request under the Freedom of Information Act and the first 100 pages are free. Additional search time or copying time may result in a cost for which you will be responsible. If you wish to limit the search time and number of pages to a maximum of two hours and 100 pages; please specify this in your request. You may also set a specific cost limit, for example, cost not to exceed \$100.00.

If you have any questions about this complaint and consent package,
Please contact OCR at <http://www.hhs.gov/ocr/office/about/contactus/index.html>

OR

Contact your OCR Regional Office
(see Regional Office contact information on page 2 of the Complaint Form)

ADVOCATE TOOLKIT CD-ROM INSTRUCTIONS

IMPORTANT: This cd-rom opens in your default web browser (examples: Internet Explorer, Mozilla Firefox, Google Chrome). You do not need to be online for the cd-rom to work, but you must have a web browser. You also must have a PDF reader to use this cd-rom.

If you need to install a PDF reader, [click here to download the free Adobe Acrobat PDF reader program](#).

PC Auto-Run Feature

This cd-rom is designed to open and automatically launch the Main Page when loaded into your PC computer (see Figure 1), unless your system “autorun” feature is disabled. If you don’t see the Main Page like Figure 1, then try the ***Troubleshooting Tips*** below.

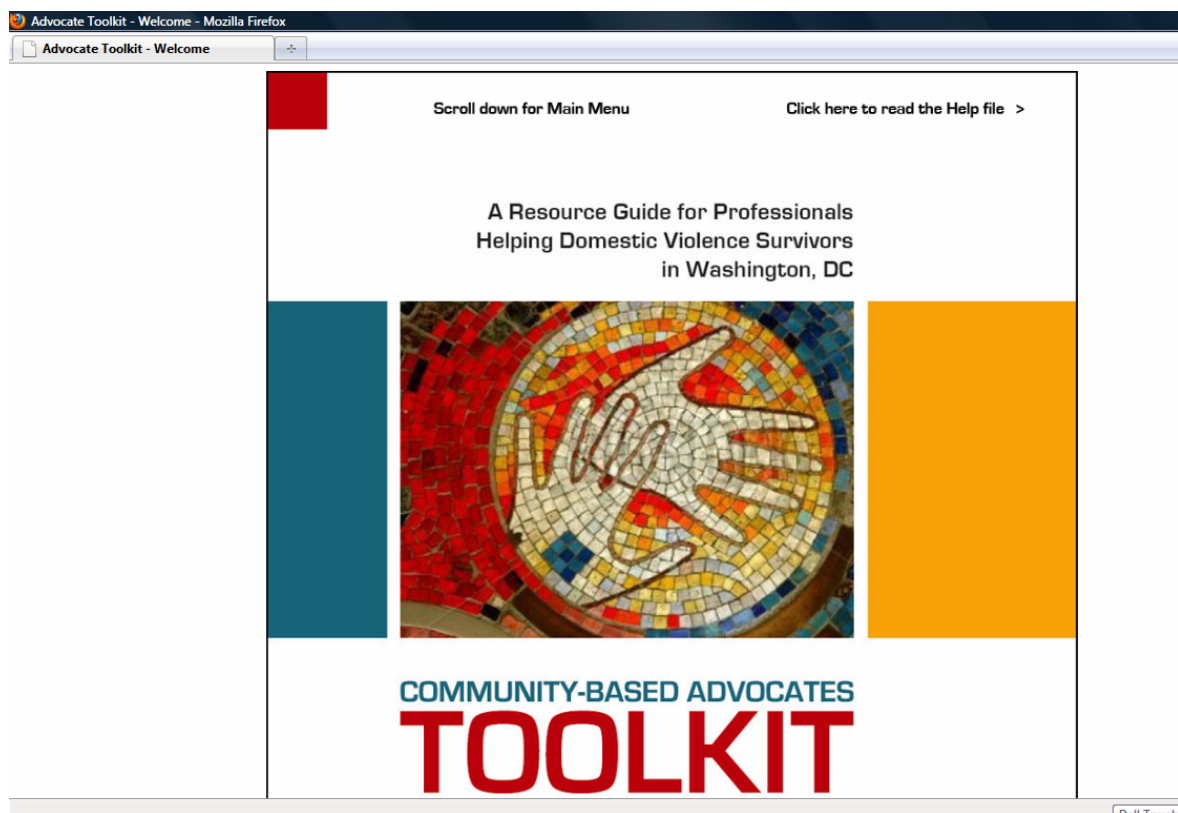


Figure 1 – Main Page of the cd-rom

Troubleshooting Tips

1. If you already have your web browser open, check to see if the Main Page opened as a new tab on your current browser screen.

2. When you load the cd-rom on your computer, you may see a window that gives you an option to "**Run autorun.exe**" (see Figure 2).

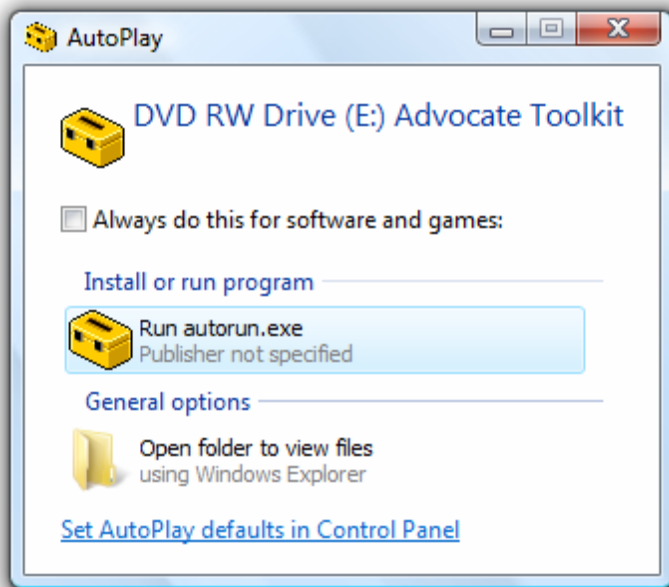


Figure 2 – Example of Autorun launch option screen

Click on the "**Run autorun.exe**" option and the cd-rom should automatically open to the main page screen (in Figure 1) within about fifteen seconds.

If the cd-rom does not run, follow the **Manual Run** Instructions below.

Manual Run Instructions [for PC and Mac users]:

If the cd-rom does not open and automatically launch the "Main Page" screen, then follow these steps:

1. Go to the cd-rom drive on your computer
2. Open the "help.html" file
3. Click the "Open the Main Menu Screen" link



DASH DISTRICT ALLIANCE FOR SAFE HOUSING

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Help your clients access safe housing

Victims of domestic violence have housing rights under local and federal laws. Victims have rights if they want to stay in their apartment, move out, or find a place to live — be it a shelter, apartment or house.

If you don't find what you need in this Toolkit, or you want more information about safe housing resources and protections, please contact:



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