



## Housing Discrimination Filing a Complaint Survey

We want to better understand your experience as it relates to the discrimination complaint process.

The survey takes 5 minutes to complete.

Please contact [CX@hud.gov](mailto:CX@hud.gov) with any questions or concerns. This email is to support Customer Experience Feedback only. This mailbox is not for future use or customer support. For direct customer support not related to customer experience feedback, please contact [HUD customer service](#).

**OMB Control Number:**2511-0001

**Expiration Date:**09/30/2024

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The time required to complete this information collection is estimated to average 5 minutes. All responses to this collection of information are voluntary. If you have comments or concerns regarding this collection, please contact [CX@hud.gov](mailto:CX@hud.gov)

→ Required

I would describe myself primarily as:

|   |
|---|
| <input type="radio"/> Property Resident/Renter                        |
| <input type="radio"/> Private Attorney or Lawyer                      |
| <input type="radio"/> Other Fair Housing or Civil Rights Professional |
| <input type="radio"/> Other   |

→ Required

How did you find out about the FHEO discrimination complaint process?

|   |
|---|
| <input type="radio"/> Website search          |
| <input type="radio"/> Landlord recommendation |
| <input type="radio"/> Lawyer recommended      |
| <input type="radio"/> HUD employee            |
| <input type="radio"/> Other                   |

→ Required

I trust HUD to address housing discrimination.

|  |
|--|
| <input type="radio"/> Strongly Disagree          |
| <input type="radio"/> Disagree                   |
| <input type="radio"/> Neither Agree nor Disagree |
| <input type="radio"/> Agree                      |
| <input type="radio"/> Strongly Agree             |

How would you rate your experience filing a complaint?

|                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> ☆ | <input type="radio"/> ☆ | <input type="radio"/> ☆ | <input type="radio"/> ☆ | <input type="radio"/> ☆ |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|

It took a reasonable amount of time to do what I needed to do:

|  |
|--|
| <input type="radio"/> Strongly Disagree          |
| <input type="radio"/> Disagree                   |
| <input type="radio"/> Neither agree nor disagree |
| <input type="radio"/> Agree                      |
| <input type="radio"/> Strongly Agree             |

→ Required

It was easy for me to complete.

|  |
|--|
| <input type="radio"/> Strongly Disagree          |
| <input type="radio"/> Disagree                   |
| <input type="radio"/> Neither Agree nor Disagree |
| <input type="radio"/> Agree                      |
| <input type="radio"/> Strongly Agree             |

→ Required

The form provided me the opportunity to convey my discrimination case.

|  |
|--|
| <input type="radio"/> Strongly Disagree          |
| <input type="radio"/> Disagree                   |
| <input type="radio"/> Neither Agree nor Disagree |
| <input type="radio"/> Agree                      |
| <input type="radio"/> Strongly Agree             |

I understand what was being asked of me throughout the complaint process.

|  |
|--|
| <input type="radio"/> Strongly Disagree          |
| <input type="radio"/> Disagree                   |
| <input type="radio"/> Neither Agree nor Disagree |
| <input type="radio"/> Agree                      |
| <input type="radio"/> Strongly Agree             |

How can we improve your experience? (optional)

|  |
|--|
|  |
|--|

Finish

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