



LOUISIANA COMMISSION ON HUMAN RIGHTS

Office of the Governor

BANKING AND LENDING PRACTICES INTAKE FORM

INSTRUCTIONS: Please complete this packet to begin the process of filing a discrimination complaint with our office. This form asks for the basic information that we need to decide whether or not we can investigate your banking and lending practices problem. The enclosed Banking and Lending Practices Intake Form asks questions about why you believe you were treated unfairly and how you believe this treatment was against the law. If you have difficulty understanding these instructions or have questions, contact our office at **(225) 342-6969** and a member of our staff will assist you.

UNLAWFUL FINANCIAL PRACTICES BY A FINANCIAL INSTITUTION

According to *LA R.S. 51: 2254*, it is an unlawful practice for a financial institution or individual employed by or acting on behalf of a financial institution:

- (1) To discriminate against an individual because of the *race, creed, color, religion, national origin, sex, disability, or age* of the individual or the present or prospective owner, tenant, or occupant of the immovable property or of a member, stockholder, director, officer, employee, or representative of any of these, in the *granting, withholding, extending, modifying, or renewing of rates, terms, conditions privileges, or other provisions of financial assistance or the extension of services* in connection therewith;
- (2) To use a form of application for financial assistance or to make or keep a record or inquiry in connection with applications of financial assistance which indicates directly or indirectly a limitation, specification, or discrimination, as to race, creed, color, religion, disability, or national origin, or an intent to make such a limitation, specification, or discrimination.
- (3) To discriminate by refusing to give full recognition, because of sex, to the income of each spouse or the total income and expenses of both spouses become or are prepared to become joint or several obligors in real estate transactions.

CREDIT TRANSACTIONS

According to *LA R.S. 51: 2255*, it is an unlawful practice for any person whether acting for himself or another, in connection with any credit transaction because of *race, creed, color, religion, national origin, disability, or sex*:

- (1) To deny credit to any person;
- (2) To increase the charges or fees for or collateral required to secure any credit extended to any person;
- (3) To restrict the amount or use of credit extended or impose different or conditions with respect to the credit extended to any person or any item or service related thereto.

Note: The term “credit” means the right conferred upon a person by a creditor to incur debt and defer is payment, whether or not any interest or finance charge is made for the exercise of this right.

REQUIRED EVIDENCE

In addition to the statements regarding your belief of mistreatment, the Louisiana Commission on Human Rights (LCHR) will need information from other people and valid documents to investigate your complaint. This intake form includes questions about the people and documents that might help prove that any mistreatment you experienced violated (LA R.S. 51: 2254 or 51:2255). To be most useful to your complaint, the people you identify generally should have direct knowledge of how you were treated and/or information about how your treatment compared to that of other people.

Complete the enclosed form only if you believe you have been discriminated against because of one of the bases listed above. Please take your time to answer all questions completely and accurately. Once you have completed this intake form, please submit the form: IN PERSON: 1001 North 23rd St., Suite 268, Baton Rouge, LA 70802; BY MAIL: P.O. Box 94094, Baton Rouge, LA 70804-9094

Once we have received your intake form, our intake officer will review your form and contact you. **Completing the enclosed form does not mean you have filed a discrimination complaint.** **NOTE:** The Louisiana Commission on Human Rights can only investigate discrimination that occurred within the past 365 days (one year).



LOUISIANA COMMISSION ON HUMAN RIGHTS
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**BANKING AND LENDING PRACTICES
DISCRIMINATION INTAKE FORM**

PERSONAL INFORMATION

First _____ MI _____ Last _____ Date of Birth: _____ MM/DD/YYYY

Street Address _____

City _____ State _____ Zip Code _____

Cell: (____) _____ Home: (____) _____ Work: (____) _____

Email Address: _____

Sex: Male Female

Self-Identity:

- Hispanic or Latino White Asian Black or African American
- Native Hawaiian or Other Pacific Islander American Indian or Alaska Native
- Two or More Races Other: _____

FINANCIAL INSTITUTION

What financial institution (e.g. banks and trust companies, savings and loan associations, private, national, and foreign banking institutions, credit unions, assurance agencies, credit card issuers, mortgage companies and brokers.) do you believe has discriminated against you?

Name of Financial Institution _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone: (____) _____

Name of Representative: _____ Title: _____

WHAT IS THE REASON (BASIS) FOR YOUR DISCRIMINATION COMPLAINT?

For example, if you feel you were treated worse than someone else because of race, you should check the box next to race. If you feel you were treated worse for several reasons, such as your sex, religion, and national origin, you should check all that apply.

<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Color (e.g. difference in skin shade within a race)
<input type="checkbox"/> Creed	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Sex (including breastfeeding)
<input type="checkbox"/> Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Age	<input type="checkbox"/> Retaliation for Prior Discrimination Complaint	
Other (Explain): 		

1. For each selected category above, please state how you identify yourself. For example, if you checked sex, please indicate whether you are male or female.

2. What happened to you that you believe was discriminatory? Also, include date (s); describe the action and name/title of the person(s) responsible. Please attach additional pages if needed.

3. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

4. What reason(s) were given for the acts you consider discriminatory? By whom? Please include his/her job title. Please attach additional pages if needed.

5. Why do you believe the reasons (s) provided to you by the financial institution were false? Refer to Question 4. Please attach additional pages if needed.

6. Describe who was in the same or similar situation as you and how they were treated. For example, who else requested service from the financial institution? Provide the basis identified of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person.

a) Of the person(s) in the same or similar situation as you, who was treated better than you? Please include the name, basis and description of treatment.

b) Of the person(s) in the same or similar situation as you, who was treated worse than you? Please include the name, basis and description of treatment.

c) Of the person(s) in the same or similar situation as you, who was treated the same as you? Please include the name, basis and description of treatment.

Answer Question 7 only if you are claiming discrimination based on a disability. If not, skip to Question 8. Please state if you have more than one disability. Please add additional pages if needed.

Please check all that apply:

- I have an actual disability
- I have had an actual disability in the past
- I do not have a disability, but the financial institution treated me as if I was disabled.

7. What is the disability that you believe is the reason for the action taken against you? Does this disability prevent or limit you from doing anything (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.)? If so, how does this disability affect you?

Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability? If yes, what medication, medical equipment or other assistance do you use?

Did you ask the financial institution for any assistance because of your disability?

Yes or NO

If yes, please state when you asked, how you asked, who you asked, what assistance you requested and how the financial institution responded to your request.

Date	Verbal or Written Request	Name/Title of Person (s) Asked	Chances or Assistance Requested	Response of Financial Institution

8. Are there any witnesses to the alleged discriminatory act? Yes or NO

If yes, please identify the witnesses below and describe what they will say.

Please attach additional pages if needed.

First and Last Name	Address, Phone Number, and Email	What will this person say?

9. Are there any documents about the alleged discriminatory act? Yes or No
If yes, please list the documents below and submit a copy of them with this form.

10. Have you filed a complaint on this matter previously with the Louisiana Commission on Human Rights or any other agency? Yes or No

If yes, please indicate the agency and the date of filing below:

11. Have you sought help about this situation from a union, an attorney, or any other source? Yes or NO

If yes, please provide the name of the financial institution, the name of the person you spoke with, the date of contact and results, if any:

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

First MI Last Relationship

Street Address

City State Zip Code

Cell: () Home: () Work: ()

Email Address: _____

I declare under penalty of perjury, under the State of Louisiana, I certify that all statement contained in this Intake Form and all accompanying documents are true and correct to the best of my knowledge and belief.

Date (MM/DD/YYYY)	Signature
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**COMPLAINANT’S CONSENT FOR INVESTIGATORY
USE OF PERSONAL INFORMATION**

_____ Initials	I <u>understand</u> that I am not required to give personal information to the LCHR; however, my complaint may be closed if I refuse to supply information needed to investigate my complaint.
_____ Initials	I <u>understand</u> that it is my duty to update the personal information I supply and failure to do so may result in my complaint being closed.
_____ Initials	I <u>understand</u> that I may receive a copy of any personal information I submit, if I request it.
_____ Initials	I <u>understand</u> the information provided by me may have to be released under the Public Records Request Act under LA R.S. 51:2262 (F): The law makes it unlawful for the Louisiana Commission on Human Rights to make public with respect to a particular person, without his consent, information obtained by the Commission pursuant to its statutory authority.
_____ Initials	I <u>authorize</u> the release of my submitted information in accordance with LA R.S. 51: 2262 (F)

Based on the foregoing, I hereby give my consent to the Louisiana Commission on Human Rights to process my complaint:

Signature: _____ Date: _____

NOTE: THE LOUISIANA COMMISSION ON HUMAN RIGHTS RESERVES THE RIGHT TO MODIFY THIS FORM WITHOUT NOTICE OR CONSENT.