

Housing Discrimination Complaint

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

OMB Approval No. 2529-0011

Please type or print this form

Public Reporting Burden for this collection of information is estimated to average 1 hour 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.

Read this entire form and all the instructions carefully before completing. All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form. Complaints may be presented in person or mailed to the HUD State Office covering the State where the complaint arose (see list on back of form), or any local HUD Office, or to the Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

This section is for HUD use only.

Number	(Check the applicable box) <input type="checkbox"/> Referral & Agency (specify) <input type="checkbox"/> Systemic <input type="checkbox"/> Military Referral	Jurisdiction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional Info	Signature of HUD personnel who established Jurisdiction
Filing Date			

1. Name of Aggrieved Person or Organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)
Fair Housing Partnership of Greater Pittsburgh
 Street Address (city, county, State & zip code)
2840 Liberty Ave, Suite 205, Pittsburgh, Allegheny, PA 15222

Home Phone
 Business Phone
412-391-2535

2. Against Whom is this complaint being filed? (last name, first name, middle initial)
Leigh Culley, Director, Disability Resources and Services, University of Pittsburgh
 Street Address (city, county, State & zip code)
140 William Pitt Union, Pittsburgh, Allegheny, PA 15260

Phone Number
412-648-7890

Check the applicable box or boxes which describe(s) the party named above:
 Builder Owner Broker Salesperson Supt. or Manager Bank or Other Lender Other

If you named an individual above who appeared to be acting for a company in this case, check this box and write the name and address of the company in this space:
 Name: **University of Pittsburgh** Address: **4200 Fifth Avenue, Pittsburgh, Allegheny, PA 15260**

Name and identify others (if any) you believe violated the law in this case:
 [Redacted]

3. What did the person you are complaining against do? Check all that apply and give the most recent date these act(s) occurred in block No. 6a below.
 Refuse to rent, sell, or deal with you Falsely deny housing was available Engage in blockbusting Discriminate in broker's services
 Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities Advertise in a discriminatory way Discriminate in financing Intimidated, interfered, or coerced you to keep you from the full benefit of the Federal Fair Housing Law
 Other (explain) **Denied reasonable accommodations**

4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, the presence of children under 18, or a pregnant female in the family or your national origin? Check all that apply.

<input type="checkbox"/> Race or Color <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (specify)	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Handicap <input type="checkbox"/> Physical <input checked="" type="checkbox"/> Mental	<input type="checkbox"/> Familial Status <input type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnant female	<input type="checkbox"/> National Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)
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5. What kind of house or property was involved? Did the owner live there? Is the house or property being sold or rented? What is the address of the house or property? (street, city, county, State & zip code)

<input type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2, 3, or 4 families <input checked="" type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (explain)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Being sold? <input checked="" type="checkbox"/> Being rented?	[Redacted]
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6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. Note: HUD will furnish a copy of the complaint to the person or organization against whom the complaint is made.

See attached

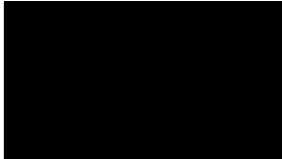
6a. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)
09/16/2019 & ongoing

7. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct. Signature & Date: [Redacted]

HOUSING DISCRIMINATION COMPLAINT

CASE NUMBER:

1. Complainants



Fair Housing Partnership of Greater Pittsburgh
2840 Liberty Avenue
Suite 205
Pittsburgh, PA 15222

2. Other Aggrieved Persons

None

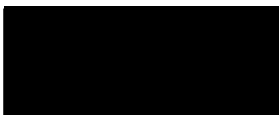
3. The following is alleged to have occurred or is about to occur:

Denied reasonable accommodation
Different terms and conditions

4. The alleged violation occurred because of:

Disability

5. Address and location of the property in question (or if no property is involved, the city and state where the discrimination occurred):

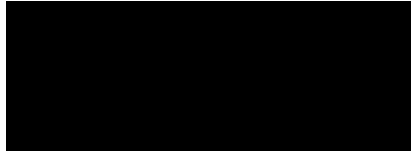


6. Respondent(s)

Leigh Culley
Director
University of Pittsburgh, Disability Resources and Services
(property management)

140 William Pitt Union
Pittsburgh, PA 15260

University of Pittsburgh (property management)
4200 Fifth Avenue
Pittsburgh, PA 15260



7. The following is a brief and concise statement of the facts regarding the alleged violation:

Complainant [REDACTED] alleges that Respondents discriminated against [REDACTED] due to [REDACTED] disability. Complainant [REDACTED] alleges that [REDACTED] reasonable accommodation requests for an emotional support dog was subject to invasive requirements and undue obstacles as a deterrent to pursuing [REDACTED] request.

Complainant Fair Housing Partnership of Greater Pittsburgh (hereinafter "FHP") alleges that it has diverted its resources to identify and investigate the violations outlined below, and as a result of its mission of ensuring equal housing opportunities in the greater Pittsburgh area has been frustrated.

Complainant [REDACTED] qualifies as a person with a disability. [REDACTED] has generalized anxiety disorder, major depressive disorder and social anxiety disorder. As a result, [REDACTED] has difficulty regulating his emotions such as sadness, stress and loneliness as well as difficulty with maintaining a day to day schedule.

Complainant [REDACTED] is a [REDACTED] student at the University of Pittsburgh. [REDACTED] [REDACTED] within the University of Pittsburgh's student housing. [REDACTED] resides in a single occupancy unit.

On or about July 2019, Complainant [REDACTED] requested a reasonable accommodation to permit [REDACTED] emotional support dog, [REDACTED] in [REDACTED] unit. On or about August 2019, [REDACTED] moved into [REDACTED] current unit located at [REDACTED] Pittsburgh, PA 15213.

Complainant [REDACTED] provided Respondent Leigh Culley with third-party verification from [REDACTED] therapist, [REDACTED] who is a Licensed Mental Health Counselor. Complainant [REDACTED] was interviewed regarding [REDACTED] request by Respondent Leigh Culley. Additionally, Respondent Culley interviewed [REDACTED] regarding Complainant [REDACTED] request.

On or about September [REDACTED] 2019 Respondent Culley denied Complainant [REDACTED]

request stating that, “In order to be permitted to have an emotional support animal in University housing, you must: (1) be an individual with a qualifying disability, within the meaning of the Americans with Disabilities Act (ADA)...” and that, “The documentation that you have submitted to date does not establish that you need an emotional support animal as a reasonable accommodation.”

On or about September [REDACTED] 2019 Complainant [REDACTED] met with Respondent Culley regarding the denial of [REDACTED] reasonable accommodation. Respondent Culley stated that Complainant [REDACTED] third-party verification didn’t provide the required nexus.

However, Complainant FHP interviewed [REDACTED] about [REDACTED] conversation with Respondent Culley regarding Complainant [REDACTED] reasonable accommodation request. [REDACTED] affirmed [REDACTED] July [REDACTED] 2019 letter previously provided to Respondent Culley that Complainant [REDACTED] required an emotional support dog due to [REDACTED] disability-related symptoms. However, Respondent Culley asked for Complainant [REDACTED] diagnosis that required an emotional support animal. Additionally, [REDACTED] stated that the conversation was redundant to the point that Respondent Culley’s questions indicated a disbelief of [REDACTED] credentials and professional opinion. [REDACTED] is a licensed mental health counselor and a licensed chemical dependency counselor with over 14 years of experience.

Complainant FHP investigated Respondents’ reasonable accommodation policy. Respondents’ “Emotional Support Animal (ESA) Medical Verification Form” and the “Housing/Dining Accommodation Request Medical Verification Form” substantiate Complainant [REDACTED] allegations of undue obstacles in Respondents’ reasonable accommodation policy.

For example, both above-mentioned third-party verification forms requires a diagnosis as well as that the third-party verifier have medical credentials and provide their license or certification number. Additionally, the forms require that the third-party verifier expounds on the nature and severity of the student’s disability.

The “Emotional Support Animal (ESA) Medical Verification Form” form requires the third-party verifier to both authenticate the student’s ability to care for their emotional support animal and to state whether the responsibilities of caring for an emotional support animal would exacerbate the student’s disability related symptoms. Additionally, the form cites the basis to the above-stated inquiries as:

“We recognize that having an ESA in University-owned housing can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.”

Based on the totality of Complainant FHP’s knowledge of Respondents regarding the Fair Housing Act, disability and reasonable accommodations. Respondents impede reasonable accommodation requests and impose unnecessary hurdles on people with disabilities to deter reasonable accommodation requests.

As a result, Complainant FHP has devoted significant resources to addressing

Respondents' discriminatory actions. Complainant [REDACTED] has engaged in multiple interviews and meetings while living without [REDACTED] emotional support dog. Complainant [REDACTED] is a young, independent adult who is forced to rely on [REDACTED] mother to care for [REDACTED] emotional support dog while maintaining [REDACTED] responsibilities and obligations without [REDACTED] emotional support dog.

8. The most recent date on which the alleged discrimination occurred:

September [REDACTED] 2019 and ongoing

9. Types of Federal Funds identified:

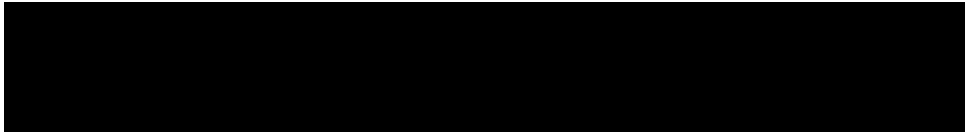
None

10. The acts alleged in this complaint, if proven, may constitute a violation of the following:

Section 804 3604(f)(2)(A) & 3604(f)(3)(B) of the Title VIII of the Civil Rights Act of 1968 as amended in 1988.

Please sign and date this form:

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.



Gay Dur 9/23/19
(For Fair Housing Partnership of Greater Pittsburgh, Inc.) Date