Ohio Civil Rights Commission
Charge of Discrimination
Employment

Charge Number (Agency Use Only)

☐ OCRC

☐ EEOC

Completely fill in the following fields.

Charging Party Name

Street Address

City State

Zip Code

Telephone number

Alternate number

E-mail Address

Respondent Name

Street Address

City State

Zip Code County

Telephone number

# of Employees Date of hire

Date(s) of Discrimination

I believe that I was discriminated against due to my: (Please identify)

☐ Race/Color

☐ Sex

☐ Disability (Do not identify condition in charge)

☐ Military Status

☐ Age (40 years old and older only) Birthdate

☐ Religion

☐ National Origin/Ancestry

☐ Retaliation

Please read and initial

FOR AGE CASES ONLY: I have not commenced any action under sections 4112.14 or 4112.02(N), Revised Code with respect to the subject matter of the affidavit. I understand that upon filing of this charge with the Ohio Civil Rights Commission, I am barred from instituting any such civil action and that any monetary award or financial benefit I may receive may be limited to back pay and/or restoration of employment fringe benefits and may not include other damages to which I may be entitled as a result of such civil action.

Act of Discrimination #1

On the date of I was subjected to:

If Other, please briefly describe:

I believe that I was subjected to such action due to my: (Check all that apply and identify each one in the above section.)

☐ Race/Color ☐ Sex ☐ Disability ☐ Age ☐ Religion ☐ National Origin/Ancestry ☐ Military Status ☐ Retaliation

The reason given by the company was that:

I was given this reason by: and his/her position is:

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Act of Discrimination #1 (continued)

(If applicable) I am aware of others treated more favorably than me, including:

I believe that this was discrimination because:

Act of Discrimination #2 (If applicable)

On the date of _____ I was subjected to: _____

If Other, please briefly describe: _____

I believe that I was subjected to such action due to my: (Check all that apply and identify each one in the above section.)

☐ Race/Color ☐ Sex ☐ Disability ☐ Age ☐ Religion ☐ National Origin/Ancestry ☐ Military Status ☐ Retaliation

The reason given by the company was that:

I was given this reason by: _____ and his/her position is: _____

(If applicable) I am aware of others treated more favorably than me, including:

Additional supporting information:

I declare under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency(ies) if I change my address or telephone number and that I will cooperate fully with them in the processing of my charge in accordance to their procedures.

Charging Party Signature

Date

Notary or Ohio Civil Rights Commission Representative

Subscribed and sworn to before me on this

_____ day of _____ 20_____

Notary or Commission Representative

		Charge Number (Agency Use Only)	
Charging Party		☐ OCRC	
Respondent		☐ EEOC	

Ohio Civil Rights Commission
Supplemental Statement (Optional)

Please use the following space to provide any information that you feel is relevant to the investigation of your charge.
This statement is optional.

This information will be part of your case record, but not part of the charge.

Submit Electronically
Click here to submit the charge and start the investigative process. You will need to submit a signed and notarized copy of your

Print Form
If you do not want to file, but want a copy of your charge form, click here to print a copy of the form.