

State of Ohio Housing Discrimination Charge

OCRC Use Only:	OCRC Number:	HUD Number:	Filing Date:	
1. Name of person or organization alleging harm:		Home Phone Number: ()	Business Phone Number: ()	
Street Address	City	County	State OH	Zip
2. Against whom is this complaint being filed ?			Phone Number ()	
Street Address	City	County	State	Zip
Check the applicable box or boxes which describe(s) the party named above:				
<input type="checkbox"/> Builder <input type="checkbox"/> Owner <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson <input type="checkbox"/> Supt. or Manager <input type="checkbox"/> Bank or Other Lender <input type="checkbox"/> Other				
If you named an individual above who appeared to be acting for a company in this case, check <input checked="" type="checkbox"/> this box <input type="checkbox"/> and write the name and address of the company below:				
Name: _____				
Address: _____				
Name and identify others (if any) you believe violated the law in this case:				
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 6a.				
<input type="checkbox"/> Refuse to rent, sell, or deal with you <input type="checkbox"/> Falsely deny housing was available <input type="checkbox"/> Engage in blockbusting <input type="checkbox"/> Discriminate in broker's services <input type="checkbox"/> Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities <input type="checkbox"/> Threaten, intimidate, interfere, or coerce you to keep you from the full benefit of the State or Federal Fair Housing Law <input type="checkbox"/> Advertise in a discriminatory way <input type="checkbox"/> Discriminate in financing <input type="checkbox"/> Other (explain):				
4. Do you believe you were discriminated against because of your: (Check <input checked="" type="checkbox"/> all that apply)				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Handicap <input type="checkbox"/> National Origin <input type="checkbox"/> Ancestry <input type="checkbox"/> Retaliation <input type="checkbox"/> Military Status <input type="checkbox"/> The presence of children under 18, or a pregnant female in the family				
5. What kind of house or property was involved?:				
<input type="checkbox"/> Single-Family house <input type="checkbox"/> A house or building for 2,3, or 4 families <input type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (explain): _____				
Did the owner live there? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Is the house or property: <input type="checkbox"/> Being sold? <input type="checkbox"/> Being rented?				
What is the address of the house or property? (street, city, county, state and zip code):				
6. Summarize in your own words what happened. Use this space for a brief statement of the facts. Additional details may be submitted on an attachment. Note: OCRC will furnish a copy of the charge to the person or organization against whom the charge is made.				
				6a. When did the act(s) checked in item 3 occur? (include the most recent date if several dates are involved.)
7. I declare under penalty of perjury that I have read this charge (including attachments) and that it is true and correct.				
Signature:			Date:	
OCRC Representative:			Date:	

OCRC HOUSING CHARGE

Page Two

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

Signature: _____

Date: _____

OCRC Representative: _____

Date: _____