

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) <input type="checkbox"/> Builder <input type="checkbox"/> Owner <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson <input type="checkbox"/> 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, 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. <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 financing <input type="checkbox"/> Advertise in a discriminatory way <input type="checkbox"/> Discriminate in the terms and conditions in the sale, rental, occupancy, or in services or facilities <input type="checkbox"/> Threaten, intimidate, interfere, harass, or coerce you to keep you from the full benefit of the State or Federal Fair Housing Law				
3a. When did the act(s) checked above occur? Include the most recent date if several dates are involved: _____				
4. Do you believe you were discriminated against because of your: (Check 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"/> Familial Status (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): _____ <input type="checkbox"/> 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.				
7. I declare under penalty of perjury that I have read this charge (including attachments) and that it is true and correct. Signature: _____ Date: _____				

**STATE OF OHIO, CIVIL RIGHTS COMMISSION
HOUSING DISCRIMINATION 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: _____