

**OHIO CIVIL RIGHTS COMMISSION  
CHARGE OF DISCRIMINATION**

CHARGE NUMBER: (Agency Use Only)

Completely Fill in the Following

\_\_\_\_\_  
Name of Charging Party (First Middle Last)

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code County

\_\_\_\_\_  
City State Zip Code County

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date(s) of Discrimination

**I believe I was discriminated against because of my: (Please identify)**

- |   |   |
|---|---|
| <input type="checkbox"/> Race/Color _____                                   | <input type="checkbox"/> Religion _____                 |
| <input type="checkbox"/> Sex _____  | <input type="checkbox"/> National Origin/Ancestry _____ |
| <input type="checkbox"/> Disability _____                                   | <input type="checkbox"/> Retaliation _____              |
| <input type="checkbox"/> Military Status                                    |   |
| <input type="checkbox"/> Age (Over 40 years old only - Date of birth) _____ |   |

**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.

**Type of Harm:**

- Public Accommodation       Credit       Higher Education - Disability Only

Please write a brief but detailed statement of the facts that you believe indicate an unlawful discriminatory practice. Please write legibly.

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

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Page: 2

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\_\_\_\_\_

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