

**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"/> Marital Status (Credit Only) _____ |
| <input type="checkbox"/> Age (Credit Only, Over 18 years old only - Date of birth) _____ | |

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