

State of Ohio Housing Discrimination Charge

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|---|--------------|---------------------------|--|------|
| 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: | 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 <input checked="" type="checkbox"/> 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: <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"/> The presence of children under 18, or a pregnant female in the family <input type="checkbox"/> Retaliation Check <input checked="" type="checkbox"/> all that apply | | | | |
| 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 acts 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: | |

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: