

## State of Ohio Housing Discrimination Charge

OCRC Number:

HUD Number:

Filing Date:

OCRC use only:

1. Name of person or organization alleging harm:

Home Phone:

Business Phone:

Street Address:

City:

County:

State:

Zip:

2. Against whom is this complaint being filed?:

Phone:

Street Address:

City:

County:

State:

Zip:

Check the applicable box which describes the party named above:

Builder    Owner    Broker    Salesperson    Supt. Or Manager    Bank or Other Lender    Other

If you named an individual above who appeared to be acting for a company in this case, check  this box  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.

- Refuse to rent, sell, or deal with you    Falsely deny housing was available    Engage in blockbusting  
 Discriminate in broker's services    Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities  
 Threaten, intimidate, interfere, or coerce you to keep you from the full benefit of the State or Federal Fair Housing Law  
 Advertise in a discriminatory way    Discriminate in financing    Other (explain): \_\_\_\_\_

4. Do you believe you were discriminated against because of your:  Race    Color    Religion    Sex    Handicap    National Origin  
 Ancestry    Military Status    The presence of children under 18, or a pregnant female in the family    Retaliation    Check all that apply

5. What kind of house or property was involved?:  Single-family house    A house or building for 2, 3, or 4 families  
 A building for 5 families or more    Other, including vacant land held for residential use (explain): \_\_\_\_\_

Did the owner live there?:  Yes    No    Unknown   **is the house or property:**    Being sold?    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 and concise 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 any attachments) and that it is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OCRC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# DATA FORM

## INFORMATION: RIGHTS / COMPLAINT INVESTIGATION PROCEDURE

**YOU CAN CONTACT THE FOLLOWING, IF YOU FEEL THAT YOU HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF YOUR "RACE, COLOR, GENDER, RELIGION, NATIONAL ORIGIN, HANDICAP, FAMILIAL STATUS, OR MILITARY STATUS".**

### **BELMONT COUNTY FAIR HOUSING COMMISSION**

Belmont County Courthouse  
101 W. Main Street  
St. Clairsville, OH 43950  
(740) 695-2121, ext. 255

### **OHIO CIVIL RIGHTS COMMISSION**

1111 E. BROAD STREET  
COLUMBUS, OH 43205-1379  
(614) 466-5928

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) DIVISION OF FAIR HOUSING AND EQUAL OPPORTUNITY**  
1-800-669-9777

**AT NO CHARGE OR COST**

**IT IS WITHIN YOUR RIGHTS TO HIRE A PRIVATE ATTORNEY ON YOUR BEHALF.**

I, \_\_\_\_\_, HAVING READ THE ABOVE, HAVE BEEN INFORMED OF MY RIGHT TO FILE WITH OCRC, HUD, AS WELL AS THE RIGHT TO PRIVATELY LITIGATE.