

# Housing Discrimination Complaint Form

Instructions: Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, please leave the space blank. You have one year from the date of the alleged discrimination to file a discrimination complaint. Your form should be signed and dated.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Who else can we contact if we cannot reach you?

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

1) What Happened to you?

State briefly what happened. For example: were you refused an opportunity to rent or buy a house? denied a loan? told that housing was not available when in fact it was? treated differently from others by a landlord or lender? made a remark evidencing a dislike or prejudice against your race or national origin? asked you questions about your disability?

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**2) Why do you think you were discriminated against?**

Because of your:

Race, Color, religion, sex, national origin, familial status (families with children under 18), disability?

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

Briefly explain why you believe that you were discriminated against?r housing rights were denied and list, from the factors above, that you believe apply.

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**3) Who do you believe discriminated against you?**

For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization.

Identify who you believe discriminated against you.

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

4) Where did the alleged act of discrimination take place?

For example: was it a rental unit? Single family home? Public or Assisted Housing? A Mobile Home? Did it occur at a bank or other lending institution?

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5) When did the last act of discrimination occur?

Enter the date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

Is the alleged discrimination continuing or ongoing?

\_\_\_\_\_ (Yes or No)

Your signature: \_\_\_\_\_

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

This form can be filed electronically by signing it, scanning the signed copy and emailing it to [fairhousing@north-olmsted.com](mailto:fairhousing@north-olmsted.com)

It can also be filed by fax at (440) 716-0341

Or by mailing it to North Olmsted City Hall: 5200 Dover Center Road, Attention: Fair Housing Administrator, North Olmsted, Ohio 44070