



Cuyahoga County Human Rights Commission
Housing Discrimination Form

CCHRC Case #: _____
 (Agency Use Only)

Completely Fill in the Following:

_____ Address

Complaining Party (First and Last Name)

_____ City State Zip Code

Phone Number

_____ Email Address

_____ Address

Respondent (First and Last Name)

_____ City State Zip Code

Phone Number

The charge is being filed against:

- Owner
- Manager
- Salesperson
- Bank
- Lender
- Broker
- Other _____

If you named an individual above who appeared to be acting for a company, please list the company name and address:

_____ Company Name Address City State Zip Code

Name and identify others (if any you believe violated the law in this matter):

_____ Company Name Address City State Zip Code

_____ Company Name Address City State Zip Code



Does the owner live at address?

- Yes
- No
- Unknown

What kind of house or property was involved?

- Single-family, house or building for 2, 3 or 4 families
- A building for 5 families or more
- Other—including vacant land

Other property type explanation:

Is this house or property being sold?

- Yes
- No
- Unknown

Is the house or property being rented?

- Yes
- No
- Unknown

Do you believe you were discriminated against because of any of the following? (Check all that apply)

- Race/Color
- Sex
- Religion
- Military Status
- National Origin/Ancestry
- Disability
- Familial Status
- Age (40+ years old only—List Date of Birth) _____
- Sexual Orientation/Gender Identity or Expression
- Retaliation

What did the person you are complaining against do? (Check all that apply)

- Refuse to rent, sell or deal with you
- Falsely deny housing was available
- Discriminate in the terms and conditions in the sale, rental, occupancy or in services or facilities
- Advertise in a discriminatory way
- Threaten, intimidate, interfere, harass or coerce you to keep you from the full benefit of the State or Federal Fair Housing Law Discriminate in financing
- Engage in blockbusting
- Engage in steering
- Other



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Please write a concise summary of what happened that you believe is an act of discrimination.

I swear and affirm that I have read this complaint and that it is true and correct to the best of my knowledge, information and belief. I will advise the Cuyahoga County Human Rights Commission if I change my address or telephone number and that I will cooperate fully with them in the processing of my complaint in accordance to its procedures.

Complaining Party Signature

Date

Notary

Sworn and Subscribed before me on this ____ Day of ____, 20__.

Signature of Notary