



Completely Fill in the Following:

Name of Complainant (First and Last Name)

Address

Phone Number

City

State

Zip Code

Alternate Phone Number (Optional):

Email Address

Name of Respondent (First and Last Name)

Address

Phone Number

City

State

Zip Code

Location of Alleged Discriminatory Action

Date(s) of Alleged Discrimination (MM/DD/YYYY)

I believe I was discriminated against because of my (please identify):

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



Cuyahoga County Human Rights Commission
Public Accommodation Complaint Discrimination Form

CCHRC Case #: _____
(Agency Use Only)

Please write a concise but detailed statement summarizing the alleged act(s) of discrimination and why you believe it is discrimination. In your statement, include information as to who committed the act of discrimination (name and position), any reason given for the act of discrimination, when the acts occurred, and names of others treated more favorably than you. Please write legibly.

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