



CLARK COUNTY OHIO

Community & Economic Development Department: Fair Housing **HOUSING COMPLAINT INFORMATION FORM**

File # _____ Date Opened _____

1. NAME _____ HOME PHONE _____
WORK PHONE _____
STREET ADDRESS _____ CITY _____ STATE _____
ZIP CODE _____ EMAIL _____

2. NAME AND PHONE NUMBER OF CLOSEST FRIEND OR RELATIVE THAT WE MAY CONTACT BETWEEN THE HOURS OF 7:30 A.M. AND 4:30 P.M. SHOULD YOU BE UNABLE TO BE REACHED: _____

3. NAME, ADDRESS, WORK, AND HOME PHONE NUMBER(S) OF THE ORGANIZATION OR PERSON YOUR COMPLAINT IS AGAINST: _____

4. WHAT DID THE PERSON YOU ARE COMPLAINING AGAINST DO? CHECK ALL THAT APPLY AND GIVE THE MOST RECENT DATE THESE ACT(S) OCCURED ON LINE #6.

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

5. PROVIDE AGE _____ SEX _____ MARITAL STATUS _____ IF IT WILL PROVIDE INFORMATION REGARDING YOUR COMPLAINT.

6. DATE OF OCCURRENCE _____ TIME _____

