

CITY OF AKRON CIVIL RIGHTS COMMISSION
DISCRIMINATION COMPLAINT

Case No. _____ (office use only)



1. Complainant Information (information about you):

a. Name: _____

b. Home Address: _____

City/State/Zip: _____

c. Phone Number: _____

d. Email Address: _____

I prefer to be contacted via: Phone Mail E-mail

I prefer to be addressed by the title of: Mrs. Ms. Miss
Mr. Dr. Other: _____

I identify with the following pronouns: she/her/hers
he/him/his they/them/theirs Other: _____

2. Respondent Information (information about alleged discriminator):

a. Name: _____

b. Address: _____

City/State/Zip: _____

c. Phone Number: _____

d. Your relationship to Respondent (such as: tenant, landlord, student, teacher, customer, manager, employer, employee, etc.): _____

3. Category of Discrimination (choose any/all that apply):

Housing

Public Accommodations

Employment

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8. Have you filed any complaint about this discrimination with any of the following?

Equal Employment Opportunity Commission

Ohio Civil Rights Commission

Federal Court

State Court

If so, what is the current status of the complaint?

Please sign and date below:

I declare under penalty of perjury that I have read this complaint and that it is true and correct.

Signature

Date

Your complaint may be submitted in-person or by mail to the following address:

City of Akron Department of Law – Civil
Division Ocasek Government Office
Building
161 South High Street, Suite 202
Akron, OH 44308

You will be contacted within a reasonable time upon the City's receipt of your complaint. Please note that a copy of this complaint will be provided to the respondent.