DISCRIMINATION COMPLAINT

2.

3.





1. <u>Complainant Information (information about you)</u>:

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. Mrs. Miss Miss Mr. Dr. Other:
I identify with the following pronouns: she/her/hers
he/him/histhey/them/theirsOther:
Respondent Information (information about alleged discriminator):
a. Name:
b. Address:
City/State/Zip:
c. Phone Number:
 Your relationship to Respondent (such as: tenant, landlord, student, teacher customer, manager, employer, employee, etc.):
Category of Discrimination (choose any/all that apply):
Housing
Public Accommodations
Employment

CITY OF AKRON CIVIL RIGHTS COMMISSION

DISCRIMINATION COMPLAINT

CaseNo. _____ (office use only)

4. I believe I was discriminated against because of my (choose any/all that apply):

	Age	Military Status		
	Ancestry	National Origin		
	Color	Race (includes hair texture/style)		
	Creed	Religion		
	Disability	Sex Sex		
	Familial Status	Sexual Orientation		
	Gender Identity or Expression	Source of Income related to Real estate transaction		
	Marital Status			
5.	Date or dates of alleged discrimination:			
6.	Location of alleged discrimination:			
7.	<u>Please briefly describe the discrimination you believe you</u> <u>experienced:</u>			

Equal Employment Opportunity Commission

Ohio Civil I	Rights C	Commission
	ingino c	.011111331011

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.

ACRC Complaint Form Approved: 2/1/2022