

COMPLAINT OF DISCRIMINATION

CITY OF YOUNGSTOWN

HUMAN RELATIONS COMMISSION

20 W. FEDERAL STREET, SUITE M5-A, YOUNGSTOWN, OHIO 44503

PHONE: (234) 254-4006 **FAX:** (234) 254-4144

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE NO. _____

NAMED IS THE PERSON/COMPANY WHO DISCRIMINATED AGAINST ME:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

TELEPHONE NO. _____

TYPE OF DISCRIMINATION: (Choose one)

_____ **FAIR EMPLOYMENT:** (___ Denial of promotion, ___ dismissal, ___ hostile work environment, ___ denial of hire, ___ disparate treatment)

_____ **FAIR HOUSING:**

- ___ Refusal to sell or rent a dwelling.
- ___ Discrimination in the terms, conditions, or privileges of the sale or rental of a dwelling.
- ___ Indicating a preference, limitation, or discrimination in advertising.
- ___ Representation to person or persons that a dwelling is unavailable.
- ___ Denial of a loan for purchasing, constructing, improving, or repairing a dwelling.
- ___ Discrimination in setting the amount or other conditions of a real estate loan.
- ___ Denial of access to or membership in any multiple-listing service or real estate brokers' organization.

CAUSE OF DISCRIMINATION:

- | | | |
|----------------|-----------------------|-----------------------|
| _____ RACE | _____ COLOR | _____ RELIGION |
| _____ ANCESTRY | _____ NATIONAL ORIGIN | _____ HANDICAP |
| _____ SEX | _____ AGE | _____ FAMILIAL STATUS |

I will advise the H.R.C. if I change my address or telephone and furthermore. I will cooperate with them in the processing of my complaint in accordance with H.R.C. procedures. **Dual Filing:** I understand that I must inform HRC if I obtain an attorney, an agency, or an organization to represent me with a Charge of Discrimination. Furthermore, I understand that HRC will dismiss my case once a dual filing of discrimination has been identified. I declare under penalty or perjury that the foregoing is true and correct. I swear or affirm that I have read the above charge and it is true to the best of my knowledge, information, and belief.

IT IS MY UNDERSTANDING THAT THE HUMAN RELATIONS COMMISSION ACTS ONLY AS AN INVESTIGATIVE AGENCY AND DOES NOT REPRESENT ME LEGALLY.

I UNDERSTAND THAT I HAVE A RIGHT TO HIRE A LAWYER OF MY OWN CHOICE AT ANY TIME AND THAT LEGAL ADVICE MAY BE NECESSARY IF I WANT TO PURSUE MY COMPLAINT THROUGH THE COURTS.

Signature _____ Date: _____
(Complainant)