

Medina County Fair Housing Consortium  
Housing Discrimination Information Form

If you believe your rights have been violated, Medina County Fair Housing, HUD, or Ohio Civil Rights Commission will help you file a complaint.

You have one (1) year from the date of the alleged act of discrimination to file your complaint.

Discrimination form Instructions – Please print or type. Read the form and try to answer all questions; if the question does not apply leave the space blank. Sign the form and date it. If you need more space please use the reverse side of the pages.

Your complaint will be reviewed and investigated by the Fair Housing Coordinator. When appropriate your complaint will then be filed with the Ohio Civil Rights Commission or HUD for further investigation and resolution.

If you have a Tenant/Landlord situation please complete the information for Tenant/Landlord complaints and return to the address below with copies of any pertinent information.

The information collected will be used to investigate and to process housing discrimination complaints. The information may be disclosed to the Ohio Civil Rights Commission and/ or HUD. If referred to HUD they may disclose the information to the United States Department of Justice for use in the filing of pattern and practice suite of housing discrimination or the prosecution of the person(s) who committed the discrimination where violence is involved; and the State or the Ohio Civil Rights Commission for further investigation.

Please feel free to contact the Fair Housing Coordinator if you have questions or to check on the status of your complaint.

Medina County Fair Housing Consortium  
Complaint Form

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Phone: Daytime: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Best time to call: \_\_\_\_\_

Is there someone else we can call if unable to reach you?

Contact Name: \_\_\_\_\_ Daytime phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Best time to call: \_\_\_\_\_ Alternate Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Discrimination Complaint

What happened? How were you discriminated against? State briefly what happened.

(Examples: refused opportunity to rent or buy housing? Denied a loan? Told that housing was not available when it was? Treated differently from others seeking housing?)

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Why do you believe you are being discriminated against?

(It is a violation of the law to deny you your housing rights for any of the following factors: Race – Color – Religion – Sex – National Origin – Familiar Status – Disability)

Briefly explain why you think your housing rights were denied because of any of the factors listed above.

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Who do you believe discriminated against you? Was it a landlord, owner, bank, real estate agent, broker, company or organization?

Name: \_\_\_\_\_

Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Where did the alleged act of discrimination occur?

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

When did the last act of discrimination occur?

Date \_\_\_\_\_

Is the alleged discrimination continuous or on going? \_\_\_\_ YES \_\_\_\_ NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are unable to complete this form you may call the Medina County Fair Housing Consortium Office and request assistance.

Please return this form to:

Medina County Fair Housing Consortium Office  
144 North Broadway  
Medina, Ohio 44256  
Phone: (330) 722-9217  
Fax: (330) 722-9206  
Email: [mcfairhousing@medinaco.org](mailto:mcfairhousing@medinaco.org)

Disclosure of this information is voluntary. Failure to provide some or all of the requested information may result in delay or denial of agency assistance.

Tenant/Landlord Issues

Is the complaint against \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant \_\_\_\_\_ Resident of Building

What happened? State briefly what happened, what is or was done or not done.

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Who have you sought assistance from? Have you sought legal assistance? From who and were they able to help you?

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\_\_\_\_\_  
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Provide Name and Address of person or company the complaint is against. If a tenant complaint please include the building or property manager and/or owner:

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Where did the incident occur?

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date or dates of incidents?

Date \_\_\_\_\_

Date \_\_\_\_\_

Is this continuous or on going? \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need more space please attach extra pages or use the back of the form.

If you are unable to complete this form you may call the Medina County Fair Housing Consortium Office and request assistance.