



Marietta Ohio Fair Housing Complaint Form

Name of Complainant:	Telephone Number:	
Address:	State:	Zip:
Against whom is the complaint being filed?		
Address:	State:	Zip:
Check the applicable box or boxes that denotes the person or company you are filing against:		
<input type="checkbox"/> Builder <input type="checkbox"/> Owner <input type="checkbox"/> Landlord <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson <input type="checkbox"/> Manager <input type="checkbox"/> Bank/Lender <input type="checkbox"/> Other		
If you know the person (s) who appeared to be acting for the company in this case, please write the name of the person or persons below: Name of Person (s):		
What did the person do that you are complaining against? Please check all that apply.		
<input type="checkbox"/> Refuse to rent, sell or deal with you <input type="checkbox"/> Falsely deny housing was available <input type="checkbox"/> Refused accommodation <input type="checkbox"/> Discriminated in financing <input type="checkbox"/> Discriminated in Advertising <input type="checkbox"/> Refused a modification <input type="checkbox"/> Discriminated in the terms and conditions of the sale, rental, occupancy, services, or facilities <input type="checkbox"/> Discriminated on the grounds of disability <input type="checkbox"/> Threaten, intimidated, interfered, harassed, or coerced you <input type="checkbox"/> Other (Please Specify)		
Do you believe you were discriminated against because of: Please check all that apply.		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Gender <input type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Retaliation <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Other (Please Specify) _____		
<input type="checkbox"/> Familial Status, i.e., the presence of children under 18, a pregnant female, multiple roommates, etc.		
What kind of dwelling or property was involved?		
<input type="checkbox"/> Single-Family Home <input type="checkbox"/> Duplex <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment Building <input type="checkbox"/> Other, including vacant land held for residential use (Please Specify)		
What is the address of the specific property involved in this case?		
In your own words, please summarize what happened. If you like, please submit additional information and attach it to this form.		
Signature:		Date: