**City of Columbus Community Relations Commission  
Discrimination Complaint Form  
Columbus City Codes, Title 23, Chapter 2331**

**Personal Information**Please provide the most accurate information for how you can be reached by mail, phone, or email. Please remember, it is your responsibility to contact the Commission to update any of the following information.

1. Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. City, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Preferred Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Have you filed this complaint with any other agency? Yes \_\_\_\_\_ No\_\_\_\_\_

If yes, what agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, when did you file? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

1. I prefer to be reached by

* Phone
* Email
* Traditional Mail

1. My complaint of discrimination is in the area of

* Employment
* Public Accommodation
* Housing

1. My complaint of discrimination is based on my

* Race
* Sex
* Sexual Orientation
* Gender Identity or Expression
* Color
* Religion
* Ancestry
* National Origin
* Age
* Disability
* Familial Status
* Military Status

1. Last date you believe you were discriminated against: \_\_/\_\_/\_\_\_\_

**Respondent Information**

The respondent is the employer or organization that allegedly engaged in discriminatory action. Please list the following information to the best of your knowledge.

1. Name of Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Respondent Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Respondent City, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Respondent Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Name and title of individual you believe discriminated against you:  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. IF EMPLOYMENT – Number of employees employed by respondent: \_\_\_\_\_\_\_

**Complaint Detail**

1. IF EMPLOYMENT - Date of Hire:\_\_/\_\_/\_\_\_\_
2. Please provide a brief but detailed description of the alleged discriminatory action and the events leading up to it. Please describe why you believe this action was taken because of your belonging to a protected class. (If more space is needed, please attach additional sheets as necessary)  
     
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1. If any, what reason were you given for this action? When was this reason given to you and by whom?

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1. To your knowledge, have other people been treated more favorably in similar circumstances? Have other people been treated the same way in similar circumstances?   
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* + I will advise the Commission if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.
  + I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPLAINANT SIGNATURE**

**STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY OF**

Sworn to (or affirmed) and subscribed before me on this day

of , 20

**Notary Public**

My Commission Expires

**As a Complainant, you should:**

* Read the complaint carefully. After the complaint is filed, if you need to make any amendments to this document, you must notify the Commission immediately.
* Understand your rights and responsibilities. If you have any additional questions concerning Commission procedures, ask to have them explained.
* Give the Commission your correct address and telephone number(s). If you change telephone numbers or move, contact the Commission immediately. If you fail to keep in touch with the Commission, your case may be dismissed if you cannot be located.
* Give the Commission the name and telephone number of another person who will always know how to contact you.

Name Telephone Number

Address

* Pursue other remedies available to you through employer’s affirmative action plans, discipline review proceedings, EEO reviews and union proceedings.

**As a Complainant, you are responsible for:**

* Participating in the investigation and keeping in touch with the Commission. If you fail to cooperate with the investigation or you cannot be located, your case may be dismissed.
* Helping the Commission prove your case, including providing the Commission with names, addresses and telephone numbers of witnesses with knowledge of the facts. If the witnesses move, you may be asked to help locate them.
* Appearing at an investigative hearing, if any is held. You will be required to give sworn testimony. Failure to appear may result in dismissal of your case.

**As a Complainant, you may:**

* Retain a private attorney to represent you.
* File with any appropriate state or federal agency which you feel may be able to resolve your complaint.

These might include the Ohio Civil Rights Commission, EEOC and HUD. All of these agencies have specific time deadlines and filing requirements. **Filing with one or more of these civil rights agencies is advisable.**

My signature acknowledges that I have read the above concerning the procedures, my responsibilities, rights and privileges as a Complainant before the Columbus Community Relations Commission.

**Signed** **Date**

**City of Columbus**

**Department of Neighborhoods**

**Community Relations Commission**

**1410 Cleveland Ave**

**Columbus, OH 43211**

**Authorization Release Form**

I hereby authorize anyone possessing medical, educational, personnel, income, credit or any other information necessary for a full and complete investigation, mediation or conciliation of my complaint to furnish such information to the City of Columbus community Relations Commission. I hereby release anyone so authorized and in the City of Columbus Community Relations Commission from any damages whatsoever in furnishing and obtaining said information.

**Complainant Signature**

**Date**