

**FAIR HOUSING
COMPLAINT FORM**

Date: _____

Complainant: _____ Race: _____

Complainant Address: _____

Phone #: _____ DOB: _____ Marital Status: _____ Handicap: Y N

Other Family Members:

Name: _____ DOB: _____ Race: _____ Sex _____

Name of Complaint Against: _____ Race _____

Address: _____

Brief Description of What Happen: _____

* The Fair Housing Officer will handle all information with confidentiality.

* Complaints suspected to be in violation of Fair Housing Laws will be referred to the Ohio Civil Rights Commission in Toledo, Ohio.

I Declare Under Penalty Of Perjury That This Complaint Is True And Correct.

Signature of Complainant: _____ Date: _____

Sworn to me, a Notary Public in and for the County of Wood, this _____ day of

_____, _____.