



**UNLAWFUL DISCRIMINATORY PRACTICE
SWORN COMPLAINT FORM**

Cleveland Heights Cod.Ord. Chapter 749

All complaints are subject to the Ohio Public Records Act and are public records that may not be kept confidential. This complaint may be amended at any time before being heard by the Fair Practices Board.

Aggrieved Person. Please identify the person claiming to have been injured or believing they will be injured by an unlawful discriminatory practice or the non-profit organization having reason to believe that an unlawful discriminatory practice has occurred:

Name: _____ Phone: _____
Street Address: _____ Email: _____
City: _____
State: _____ Zip: _____

Complainant. Please identify the person filing this complaint:

The person filing this complaint is:

- ☐ the aggrieved person.
☐ the aggrieved person's attorney or other representative.
☐ the aggrieved person's legal guardian/custodian.

Please provide the Complainant's information if that person is not the Aggrieved Person:

Name: _____ Phone: _____
Street Address: _____ Email: _____
City: _____
State: _____ Zip: _____

Respondent(s). Please identify the person alleged to have engaged in an unlawful discriminatory practice:

Name: _____ Phone: _____
Street Address: _____ Email: _____
City: _____

Name: _____ Phone: _____
Street Address: _____ Email: _____
City: _____



UNLAWFUL DISCRIMINATORY PRACTICE SWORN COMPLAINT FORM

Cleveland Heights Cod.Ord. Chapter 749

The type of practice:		The type of discrimination:	
<input type="checkbox"/> Housing <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Public Accommodation		<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Familial Status <input type="checkbox"/> National Origin	
		<input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity/Expression <input type="checkbox"/> Source of Income <input type="checkbox"/> Nonconsensual Dissemination of Private Sexual Images	
Date(s) of discrimination: _____			
Complaint. Please write a concise but detailed statement explaining the alleged unlawful discriminatory practice:			



**UNLAWFUL DISCRIMINATORY PRACTICE
SWORN COMPLAINT FORM**

Cleveland Heights Cod.Ord. Chapter 749

Complaint. Statement continued:

Complainant's Sworn Signature

Signature

Sworn to and subscribed before me on this ____ day of _____, _____, by
_____.

Notary

Please return your completed and signed sworn complaint form to:

Todd Walburn, Complaint Officer
40 Severance Cir.
Cleveland Heights, OH 44118
216-291-4444
twalburn@clevelandheights.gov