



## 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: _____	



 CLEVELAND  
HEIGHTS

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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 <input type="checkbox"/> Identity/Expression <input type="checkbox"/> Source of Income <input type="checkbox"/> Nonconsensual <input type="checkbox"/> Dissemination of Private <input type="checkbox"/> Sexual Images
Date(s) of discrimination: _____		
Complaint. Please write a concise but detailed statement explaining the alleged unlawful discriminatory practice:		



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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](mailto:twalburn@clevelandheights.gov)