

# City of Canton Fair Housing Assistance Program – Housing Discrimination Complaint



HUD Case No.		Canton FHAP Case No.	
1. Name of Aggrieved Person or Organization		Home Phone	Business Phone
Street Address			
2. Against Whom is this complaint being filed?			Phone Number
Street Address			
Check the applicable box or boxes which describe(s) the party named above:			
<input type="checkbox"/> Builder <input type="checkbox"/> Owner <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson <input type="checkbox"/> Supt. Or Manager <input type="checkbox"/> Bank or Other Lender <input type="checkbox"/> Other			
If you named an individual above who appeared to be acting for a company in this case, check this box <input type="checkbox"/> and write the name and address of the company in this space:			
Name:		Address:	
Name and identify others (if any) you believe violated the law in this case:			
3. What did the person you are complaining against do? Check all that apply and give the most recent date these act(s) occurred below.			
<input type="checkbox"/> Refuse to rent, sell, or deal with you (§515.03(a)(1)) <input type="checkbox"/> Falsely deny housing was available (§515.03(a)(2)) <input type="checkbox"/> Engage in blockbusting (§515.03(a)(9)) <input type="checkbox"/> Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities (§515.03(a)(4)) <input type="checkbox"/> Discriminate in financing (§515.03(a)(3)) <input type="checkbox"/> Intimidated, interfered, or coerced you to keep you from the full benefit of the local or Federal Fair Housing Law (§515.03(a)(11)) <input type="checkbox"/> Discriminatory advertising/statements (§515.03(a)(6)) <input type="checkbox"/> Refuse to grant a reasonable modification (§515.03(b)(1)) <input type="checkbox"/> Refuse to grant a reasonable accommodation (§515.03(b)(2)) <input type="checkbox"/> Other (explain)			
4. Do you believe that you were discriminated against because of your race, color, religion, national origin, sex, familial status, disability, military status, sexual orientation or gender identity, or ancestry? Check all that apply.			
<input type="checkbox"/> Race or Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Familial Status <input type="checkbox"/> National Origin <input type="checkbox"/> Black                      (specify) <input type="checkbox"/> Male <input type="checkbox"/> Physical <input type="checkbox"/> Presence of children under 18 <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Female <input type="checkbox"/> Mental <input type="checkbox"/> Pregnant female <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Sexual Orientation or Gender Identity <input type="checkbox"/> Ancestry <input type="checkbox"/> Military Status <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)			
5. What kind of house or property was involved?		Did the owner live there?	Is the house or property
<input type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2,3, or 4 families <input type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (explain)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Being sold? <input type="checkbox"/> Being rented?
What is the address of the house of property?			
6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. <b>Note:</b> FHAP will furnish a copy of the complaint to the person(s) or organization(s) against whom this complaint is made.			6a. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)
Signature		Date	
State of Ohio County of Stark			
Sworn before me and subscribed in my presence this _____ day of _____, 20____,			
personally appeared before me _____			
_____ Notary Public		_____ Commission Expires	