



**Medina County Fair Housing  
Discrimination Complaint  
Intake Form**

Your housing discrimination complaint will be reviewed by the Medina County Fair Housing Department to determine if it alleges acts that might violate the Fair Housing Act. The Department will contact you for any additional information needed to complete this review. If your complaint involves a possible violation of the Fair Housing Act, the Department can assist you in filing an official housing discrimination complaint.

**ENTER YOUR PERSONAL INFORMATION**

Name (First and Last) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Best time to call: \_\_\_\_\_

Who else can we call if we cannot reach you?

Contact's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Number of people living in the home? \_\_\_\_\_

Number of people with a disability living in the home? \_\_\_\_\_

Are you active duty military or a veteran? \_\_\_\_\_

What is the race of each person living in the home? \_\_\_\_\_

Number of people living in the home who identify as Hispanic? \_\_\_\_\_

What is the age of each person living in the home? \_\_\_\_\_

What is your estimated monthly household income? \_\_\_\_\_

How much do you pay in rent each month? \_\_\_\_\_

Is your rent current? \_\_\_\_\_

Do you live in public or subsidized housing? \_\_\_\_\_

Do you use a voucher to pay your rent? \_\_\_\_\_

What type of property do you live in? (For example - Single Family Home, Duplex/Twinplex, Apartment Complex, Mobile Home, Condominium, Other: please specify: \_\_\_\_\_).

If living in an apartment complex, please estimate the number of units.  
\_\_\_\_\_

Please identify the type of housing transaction that you are concerned about. Check all that apply.

\_\_\_\_ Rental \_\_\_\_ Sale \_\_\_\_ Advertisement \_\_\_\_ Lending/Insurance

\_\_\_\_ Other: please specify: \_\_\_\_\_

**ENTER COMPLAINT INFORMATION**

1. What happened to you? How were you discriminated against? For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Denied a lease or lease renewal? Treated differently from others seeking housing? State briefly what happened.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why do you believe you are being discriminated against? It is a violation of the law to deny you your housing rights for any of the following factors: \_\_\_\_ race, \_\_\_\_ color, \_\_\_\_ religion, \_\_\_\_ sex, \_\_\_\_ national origin, \_\_\_\_ ancestral origin \_\_\_\_ familial status (families with children under 18) \_\_\_\_ age, \_\_\_\_ military status, \_\_\_\_ disability, or \_\_\_\_ religion. \_\_\_\_ Other (please specify) \_\_\_\_\_.

3. For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? or turned down for an apartment because you have children? Were you harassed because you assisted someone in obtaining their fair housing rights? Briefly explain why you think your housing rights were denied because of any the factors listed above.

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4. Who do you believe discriminated against you? Was it a landlord, owner, bank, real estate agent, broker, company, or organization? Medina County Fair Housing Department will not contact a housing provider without receiving your consent.

Name (First and Last): \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

What is the name of the housing provider/person that you spoke with? \_\_\_\_\_

Phone Number: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

5. Where did the alleged act of discrimination occur? Provide the address. For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home? Did it occur at a bank or other lending institution?

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/ZipCode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

6. When did the last act of discrimination occur? Enter the date (mm/dd/yyyy):

\_\_\_\_\_

7. Please provide a brief summary including any possible dates/times of how you have been discriminated against:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is the alleged discrimination continuous or on going?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be aware that:

- Submitting this intake form does **NOT** establish an attorney-client relationship between you and the Medina County Fair Housing Department.
- You must accurately enter your phone number, provide specific names, and any links or information to advertisements for housing and/or property addresses regarding your complaint, which will to allow us to follow up with you in a timely manner.
- Please submit the attached release if you will allow us to speak with your landlord or other individuals regarding your matter.