CITY OF BOWLING GREEN
FAIR HOUSING COMPLAINT FORM

INSTRUCTIONS: Please type or print. Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form must be signed and dated.

__________________________________________________________________
Your Name
__________________________________________________________________
Your Address
__________________________________________________________________
City  State  Zip Code
__________________________________________________________________
Daytime Phone

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? Treated differently from others seeking housing?

   Using the space below and back of this form, if needed, please state briefly what happened:

2) Why Do You Think You Are A Victim Of Housing Discrimination?
   Is it because of your: race, color, religion, sex, national origin, familial status (families with children under 18) or disability? For example: were you denied housing because of you race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

   Using the space below and the back of this form, if needed, please explain briefly why you think your housing rights were denied and note the factor(s) listed above that you believe apply.
3) **Who Do You Believe Discriminated Against You?**

For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Please identify who you believe discriminated against you:

_____________________________________________________________
Name

_____________________________________________________________
Address

4) **Where Did The Alleged Act of Discrimination Occur?**

For example: Was it a rental unit? Single-family home or assisted housing? A mobile home? Did it occur at a bank or other lending institution?

Please provide the address:

_____________________________________________________________
Address

_____________________________________________________________
City                      State                      Zip Code

5) **When Did The Last Act Of Discrimination Occur?**

Please enter the date:   _______ / _______ / _______

6) **Is the Alleged Discrimination Continuing or Ongoing?**

Yes_____   No____

_____________________________________________________________
Signature               Date

Mail or bring this form to:  City of Bowling Green
                              Fair Housing Office, 2nd Floor
                              304 North Church Street
                              Bowling Green, Ohio 43402