



OFFICE OF CIVIL RIGHTS ENFORCEMENT

HOUSING

DISCRIMINATION COMPLAINT

You must complete this Complaint form and the accompanying Intake Questionnaire and return both documents to the address, email or fax number listed below within one (1) year of the last incident of discrimination, harassment or retaliation. Pursuant to Oklahoma law, a copy of the Complaint will be sent to the Responding Party. The Intake Questionnaire is for OCRE use only and will remain confidential during the investigation. Oklahoma law prohibits retaliation against individuals who exercise their right to file a complaint.

GENERAL INFORMATION	
YOUR INFORMATION:	RESPONDING PARTY INFORMATION:
Full Name:	Name of Landlord, Property Owner, Bank, Etc.:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
HOUSING DISCRIMINATION BASIS	
I have been discriminated against because of my (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Pregnancy <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Familial Status <input type="checkbox"/> Retaliation Did the discrimination include unwelcome and offensive harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the discrimination include sexual harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date (month, day, and year) when the <u>last</u> incident of discrimination, harassment, or retaliation occurred: _____	
Full name and job title of each person involved in the discrimination, harassment, or retaliation: _____ _____ _____	

I swear and affirm that the foregoing information is true to the best of my knowledge, information, and belief.

Complainant's Signature

Date

**OKLAHOMA ATTORNEY GENERAL
OFFICE OF CIVIL RIGHT ENFORCEMENT**

OKLAHOMA CITY OFFICE (Main):
313 N.E. 21st Street
Oklahoma City, Oklahoma 73105
Office (405) 521-3921
Fax (405) 521-6246

TULSA OFFICE:
15 W. 6th Street, Suite 1000
Tulsa, Oklahoma 74119
Office (918) 581-2342
Fax (918) 938-6348

EMAIL:
ocre.complaints@oag.ok.gov



OFFICE OF CIVIL RIGHTS ENFORCEMENT HOUSING DISCRIMINATION INTAKE QUESTIONNAIRE

To facilitate the evaluation and investigation of your Complaint, you must answer all of the questions below completely. You may attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, please write "N/A." PLEASE PRINT CLEARLY.

THIS INTAKE QUESTIONNAIRE WILL NOT BE SENT TO THE RESPONDING PARTY.

1. Additional Personal Information

Phone Numbers: Home: (____) _____ Work: (____) _____

Cell: (____) _____ Email Address: _____

Date of Birth: _____ Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Other Phone: (____) _____

2. Responding Party Contact Information (Who do you believe discriminated against you? For example: Was it a **property owner, landlord, bank, real estate agent, broker, company or organization**? Please provide all necessary information for use in providing notice of your complaint to the person/entity against whom the complaint is being made.)

Organization/Property Owner Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

3. What is the reason (basis) for your claim of housing discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Color Religion Sex Pregnancy Age Disability National Origin Familial Status Retaliation.
If you checked color, religion or national origin, please specify the color, religion, and/or national origin:

Other reason (basis) for discrimination (Explain): _____

7. Were there any witnesses to the discriminatory action? Yes No

If yes, please provide contact information and a brief description of what was witnessed.

Name _____

Street Address _____

City/State _____ Zip Code _____ Phone (_____) _____

What did this person witness? _____

Name _____

Street Address _____

City/State _____ Zip Code _____ Phone (_____) _____

What did this person witness? _____

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STOP! Answer questions 8-10 only if you are claiming discrimination based on disability. If not, skip to question 11. Please tell us if you have more than one disability. Please add additional pages if needed.

- 8. Please check all that apply:**
- Yes, I have a disability
 - I do not have a disability now but I did have one
 - No disability but the organization treated me as if I am disabled

9. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

10. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes No

If "Yes," what medication, medical equipment or other assistance do you use? _____

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11. What other evidence do you have (check all that apply)? Eviction Notice Email Text Messages Notes Audio Recordings Video Recordings Journal, Diary, or Calendar Entries Social Media Posts Other:

12. If you filed a charge or complaint with another agency, provide the name of agency and the date of filing:

13. Have you retained your own attorney to help you with this matter? Yes No If "Yes," please give the name and contact information: _____

I swear and affirm that the foregoing information is true to the best of my knowledge, information, and belief.

Complainant's Signature

Date

NOTICE! You may file a lawsuit against the Responding Party(s) under state law in a district court of the State of Oklahoma not later than the second year after the occurrence or the termination of an alleged discriminatory housing practice, or the breach of a conciliation agreement, whichever occurs last.