



Oklahoma City Human Rights Commission Complaint Intake Form | Housing

The Oklahoma City Human Rights Ordinance prohibits discrimination in employment, housing and public accommodations* and provides a conciliation** or mediation remedy for those involved in a discrimination complaint.

If you believe you have been aggrieved by a discriminatory act or practice related to **housing** in Oklahoma City, you may complete this Complaint Intake form to start the complaint process.

If your complaint is related to **employment** or **public accommodation**, complete the appropriate form found on the Oklahoma City Human Rights Commission website: okc.gov/hrc.

Please note, discrimination complaints must be submitted to the Oklahoma City Human Rights Commission **within 90 days** of the alleged discriminatory act or practice.

After receiving the Complaint Intake form, the Compliance Officer for the Oklahoma City Human Rights Commission will contact you **(typically within 10 business days)** for more information to determine whether the Commission has jurisdiction over your complaint of discrimination.

The Compliance Officer may give you additional information explaining how to file a Sworn complaint to initiate a formal conciliation or mediation proceeding with the Human Rights Commission. Or, the Compliance Officer might refer you to another agency that specializes in handling your specific complaint of discrimination.

Find out more about laws that prohibit discrimination by referring to the State statutes and municipal ordinance by visiting okc.gov/hrc.

- * Place of Public Accommodation: Any place of business offering services or facilities to the general public, such as hotels, motels, cafeterias, restaurants, swimming pools, skating rinks, bowling alleys, retail stores, amusement parks, theaters, and public transportation services or facilities.
- ** "Conciliate" or "Conciliation" as used in the OKC Human Rights Commission Ordinance: To seek to mediate and resolve such a complaint by agreement between or among all involved parties.

Personal Information									
Name (first, middle, last)					Primary Lang		Primary Langu	uage	
Address/Cit	y/State/Zip								
Phone			E	mail					
Preferred Contact Method Oph			one O email		Best Time to Reach You (mark all th		all that apply)	O 8-11 a.m. O 11 a.m2 p.m. O 2-5 p.m.	
			,						
Who do you believe discriminated against you?									
○ Landlord	O Property (Manager	Owner /	Real Esta Agent	te (Organization / Neighborhood Association	O Bank / Mortga Compar	~	Other:	
Other Party Information (complete to the best of your ability)									
Business Name									
Employee/R	epresentative	Name(s)							
Address/City/State/Zip									
Phone			E	mail					

Why do you believe you are	being discriminated	against?			
O Age	○ Sex		○ Creed	O Other:	
O Disability / Medical Condition	O Sexual Orienta	ation	O National Origin		
O Race	O Gender Identi	ty	O Ancestry		
O Color	O Religion		O Familial Status		Retaliation for making a charge, testifying or assisting in an investigation or proceedings
Which description is most a	oplicable to your cor	nplaint? Ch	neck all that apply.		
Housing	-		Financial		Retaliation
Refused opportunity to re or buy house	nt, lease, sublease	O Refus loans	sed to provide information abou	Threatened, coerced, intimidated or interfered with for exercising or helping someone exercise a fair housing right	
O Told housing was not ava purchase, when it was	ilable for rent or		sed or set different terms or itions on a loan	O Other:	
Not allowed reasonable a for disability	accommodations	1 -	sed to make a loan for purchase truction, repair or maintenance erty		
Refused opportunity to no	egotiate for housing		iminated against when appraisi lainant's property		
Given different terms, con privileges for purchase o		Other:			
Other:					
Is the alleged discrimination O Yes No	n ongoing?		lave you filed a complaint abougency/department?	ut this	s with another
			O Yes O No		
If YES: 1. List the start date and dat recent incident. 2. Where did the most recen			f YES, list agency / department complaint was filed.	t name	e and date
Start Date	it incluent occur?		lame		
Most Recent)ate		
Where					
			lave you consulted a lawyer?		
If NO, when and where did t discrimination occur?	ne alleged		O Yes O No		
Date					
Where					

Describe the issue(s) or problem(s) specifically:		
For more space, attach an additional paper.		
I confirm this information is true and correct to the best of my ability. I understand this is a Complaint Intake form, and I will be required to sign a Sworn Complaint to move the complaint forward.	Mail or hand deliver form to: Office of the City Clerk	
If complainant is a minor or subject to a guardianship, form must be signed by a parent or legal guardian.	Attn: Human Rights Commission 200 N Walker Ave. OKC, OK 73102 Submit form electronically:	
Name (print):	okc.gov/hrc	
Signature:		
Relationship:		
Date:		