

JERRY E. ABRAMSON
MAYOR



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CAROLYN MILLER-COOPER
EXECUTIVE DIRECTOR

HUMAN RELATIONS COMMISSION

410 WEST CHESTNUT STREET, SUITE 300A
LOUISVILLE, KENTUCKY 40202

December 2, 2010

Lexington Fair Housing Council, Inc.
207 East Reynolds Road Suite 130
Lexington, KY 40517

**RE: Lexington Fair Housing Council, Inc. vs. Teen Challenge of Kentucky, Inc.
Complaint No. C11-PA5481**

To Whom It May Concern:

This will confirm that your complaint has been filed with the Louisville/Jefferson County Metro Human Relations Commission (LJCMHRC). Enclosed is a copy of the complaint for your personal records.

I have been assigned to investigate the allegations and would appreciate it if you would complete the enclosed request for information form. Please mail the information to me at the address above at your earliest convenience.

I will contact you after I have received the response from both you and the Respondent; which is usually 30-45 days after the filing of your complaint.

If you move or change your telephone number you must advise me of the new address and number. Failure to do so **MAY JEOPARDIZE** the status of your complaint.

I will call you when I have something to report.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicolas Valenzuela".

Nicolas Valenzuela
Compliance Officer

NV/rb

Enclosures

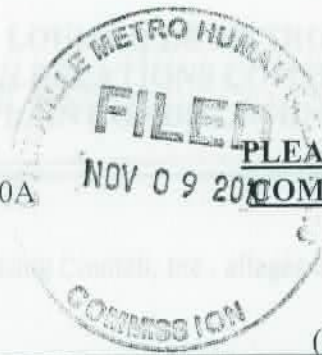
THE MISSION

OF THE LOUISVILLE AND JEFFERSON COUNTY HUMAN RELATIONS COMMISSION IS TO PROMOTE UNITY, UNDERSTANDING AND EQUAL OPPORTUNITY AMONG ALL PEOPLE OF LOUISVILLE AND JEFFERSON COUNTY TO ELIMINATE ALL FORMS OF BIGOTRY, BIAS AND HATRED FROM THE COMMUNITY.

COMPLAINT OF DISCRIMINATION

MAIL OR DELIVER TO:

Louisville Metro
Human Relations Commission
410 West Chestnut Street, Suite 300A
Louisville, KY 40202



PLEASE RESPOND TO THIS COMPLAINT.

Lexington Fair Housing Council, Inc	(859) 971-8067
NAME	TELEPHONE NUMBER
207 E. Reynolds. Rd. Suite 130	Lexington KY 40517
STREET ADDRESS	CITY STATE ZIP CODE

WAS THE DISCRIMINATION IN . . . (CHECK ONE)

- Employment Housing Public Accommodations
 Hate Crimes

BECAUSE OF . . . (CHECK ONE)

- Race Age Gender
 Sex Handicap Sexual Orientation
 National Origin Familial Status Other,

Who discriminated against you? Give name and address of employer, labor organization, employment agency, apprenticeship committee, licensing agency, public accommodation, real estate broker or lender or apartment manager.

LIST ALL:

Teen Challenge of Kentucky, Inc.	(502) 561-2131
NAME	TELEPHONE
P.O. Box 14192	Louisville KY 40214
STREET ADDRESS	CITY STATE ZIP CODE
AND (OTHER PARTIES, IF ANY)	

THE ACTUAL DATE OF THE MOST RECENT DATE OF ALLEGED DISCRIMINATION:

11 09 2010
MONTH DAY YEAR



LEXINGTON FAIR HOUSING COUNCIL

207 EAST REYNOLDS ROAD, SUITE 130, LEXINGTON, KENTUCKY 40517

PHONE (859) 971-8067 FAX (859) 971-1652

WWW.LEXINGTONFAIRHOUSING.COM

ARTHUR T. CROSBY
EXECUTIVE DIRECTOR

MEKA DAVIS
ASSISTANT DIRECTOR

SHAYLA JOHNSON
LEGAL ASSISTANT

KYLE CHAFIN
INTAKE SPECIALIST
SPECIALIST

October 18, 2010

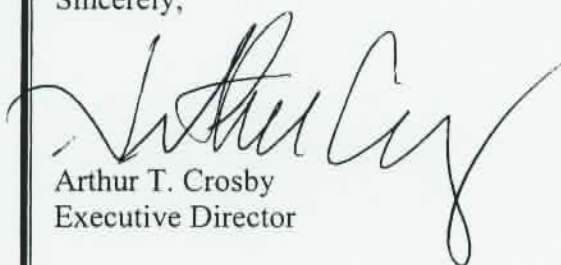
Raymond Sexton
Lexington-Fayette Urban County
Human Rights Commission
162 E. Main St., Ste. 226
Lexington, KY 40507-1315

Dear Mr. Sexton,

Please find enclosed a fair housing complaint against Teen Challenge of Kentucky. I have enclosed three copies of your local fair housing complaint. Please be sure to contact me if you have any questions, if you need any additional information, or if you would like to set up a meeting to talk about this complaint.

Thank you in advance for your time and attention to this matter.

Sincerely,



Arthur T. Crosby
Executive Director

COPY



LEXINGTON-FAYETTE URBAN COUNTY HUMAN RIGHTS COMMISSION

HOUSING DISCRIMINATION COMPLAINT

HRC NO. _____

1. NAME (Indicate Mr., Ms., Mrs.) HOME TELEPHONE NO. BUSINESS TELEPHONE NO.
Lexington Fair Housing Council, Inc. (859) 971-8067
STREET ADDRESS CITY STATE ZIP CODE
207 E. Reynolds Rd. Suite 130 Lexington KY 40517

2. AGAINST WHOM IS THIS COMPLAINT BEING FILED? NAME (LAST, FIRST, MIDDLE INITIAL) TELEPHONE NO.
Teen Challenge of Kentucky, Inc. (502) 561-2131
STREET ADDRESS CITY STATE ZIP CODE
P.O. Box 14192 Louisville KY 40214

CHECK THE APPROPRIATE BOX OR BOXES WHICH DESCRIBE(S) THE PARTY NAMED ABOVE.

Builder Broker Bank or Other Lender Other
X Owner Salesperson Superintendent/Manager

If you named an individual above who appeared to be acting for a company in this case, list the name and address (including city state and zip code) of the company in this space:

Name and identify others (if any) you believe violated the law in this case:

3. WHAT THE THE PERSON YOU ARE COMPLAINING AGAINST DO? (Check all that apply)
Refuse to rent, sell or deal with you Falsely deny housing was available Engage in blockbusting
X Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities
X Intimidated, interfered or coerced you to keep you from the full benefit of the Local Fair Housing Law
Discriminate in broker's services X Advertise in a discriminatory way Other (explain in block 5 below)

4. DO YOU BELIEVE THAT YOU WERE DISCRIMINATED AGAINST BECAUSE OF YOUR: (Check all that apply)
Race Disability (specify) Religion (specify)
Black Physical Non-Christian
White Mental Sex
Other (specify) X Sexual Orientation (Gender Identity) Male
Familial Status (Children under 18 in the family or pregnant female) Female
National Or Hispanic

5. EXPLAIN BRIEFLY WHAT HAPPENED: The Respondent provides housing in Lexington, Kentucky that is open to individuals of all religions, but teaches against homosexuality and has a preference for individuals who are not gay. The Complainant has been harmed through frustration of mission and diversion of resources.

I swear or affirm that I have read the above charge and that it is true and correct to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

DATE 10/18/10

Subscribed and sworn to before me this 18th day of October, 2010 at Lexington, KY.

NOTARY PUBLIC