

# CALIFORNIA CIVIL RIGHTS DEPARTMENT

## Housing Discrimination, Harassment, Retaliation

This document is not your proof of submission. Complete the submission process within 30 days to initiate CRD review.  
After 30 days, all information provided will be erased from the CRD website.

**Johnson / Hayner et al.**

### COMPLAINANT INFORMATION

Name: **GJuan Johnson**  
Address: **1522 Hi Point St 9**  
City/State/Zip: **Los Angeles, CA 90035**  
Telephone: **(323) 807-3099**  
Mobile **(323) 807-3099**  
Email: **tainmount@sbcglobal.net**

### COMPLAINANT DEMOGRAPHIC INFORMATION

No Demographics

### RESPONDENT AND CO-RESPONDENT(S)

Name	Address	Telephone	Mobile	Email
Meghan Hayner	520 Pacific Street #5 Santa Monica, CA 90405	(818) 219-1587		meghan@boldpartnersre.com
City of Los Angeles Housing Department	1200 W. 7th Street 1st Floor Los Angeles, CA 90017	(213) 978-1133		susan.strick@lacity.org
HI POINT 1522 LLC	520 Pacific Street #5 Santa Monica, CA 90405	(818) 219-1587		meghan@boldpartnersre.com
Power Property Management Inc.	8885 Venice Blvd Suite 205 Los Angeles, CA 90034	(310) 593-3955		thomas@powerpropertygrp.com

### DATES OF HARM

First Date of Harm: **5/1/2021**  
Most Recent Date of Harm: **5/18/2023**  
Is the harm continuing?: **Yes**

### PROPERTY ADDRESS WHERE VIOLATION OCCURRED

Property Description: **Apartment**  
 Address: **1522 Hi Point St 9**  
 City/State/Zip: **Los Angeles, CA 90035**  
 Number of Units in the Housing Complex: **18**

## I ALLEGE THAT I EXPERIENCED DISCRIMINATION:

### Because of my actual or perceived:

Sex/Gender

Other

Disability (physical, intellectual/developmental, mental health/psychiatric)

Race (includes hairstyle and hair texture)

### As a result I was:

Other

Denied reasonable accommodation for a disability or medical condition

Denied equal terms and conditions

## I ALLEGE THAT I EXPERIENCED HARASSMENT:

### Because of my actual or perceived:

Sex/Gender

Other

Disability (physical, intellectual/developmental, mental health/psychiatric)

Race (includes hairstyle and hair texture)

## I ALLEGE THAT I EXPERIENCED RETALIATION:

### Because I:

Reported or resisted any form of discrimination or harassment

Requested or used a disability-related accommodation

### As a result I was:

Denied reasonable accommodation for a disability or medical condition

Denied equal terms and conditions

Other

## Briefly describe what you believe to be the reason(s) for the discrimination, harassment, or retaliation. (Optional)

This is an Unruh Act complaint. The reasons for the discrimination, harassment, and retaliation is due to my race, African American, sex male, age over 45, and because I have a disability. See 23 pages "Attachment to CRD Complaint May 22, 2023". See 60 pgs attached of evidence "LIST ATTACHED evidence CRD complaint 5/22/23 from Geary J. Johnson".

## Following is a list of uploaded document(s)

Document Name	Update Date/Time
2023-5-22 PDF Attachment to CRD	5/22/2023 10:46
2023-5-22 PDF Documents to the Attachment CRD Complaint	5/22/2023 10:47
Do you need special accommodations? No	

Do you need a language Interpreter? **No**

English

## Appointment

Contact phone number: **(323) 807-3099**

Appointment date: **8/1/2023**

Appointment hour: **10AM-11AM**

Appointment status: **New**

NOT A LEGALLY BINDING DOCUMENT. This document does not constitute proof of filing of a Housing form with the CRD. For additional information, please visit [calcivilrights.ca.gov](https://calcivilrights.ca.gov) or contact the CRD at 800-884-1684.