

COMPLAINT FORM**FOR OFFICIAL USE ONLY**

COM. NO. # _____

RP SERVED: _____

**COOK COUNTY
COMMISSION ON HUMAN RIGHTS**

NAME OF COMPLAINANT (Last, First, Middle)			TELEPHONE
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF RESPONDENT			TELEPHONE
STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF COMPLAINT (Check as applicable)			
<input type="checkbox"/> EMPLOYMENT		<input type="checkbox"/> HOUSING	
<input type="checkbox"/> COUNTY FACILITIES, SERVICES & PROGRAMS		<input type="checkbox"/> PUBLIC ACCOMMODATIONS	
<input type="checkbox"/> CREDIT/BONDING			
BASIS OF DISCRIMINATION OR HARASSMENT (Check as many as applicable)			
<input type="checkbox"/> Race	<input type="checkbox"/> Disability (Physical or mental)	<input type="checkbox"/> Parental status	
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Military Discharge Status	
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Source of Income	
<input type="checkbox"/> Age (over 40)	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Housing Status	
<input type="checkbox"/> Religion	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Retaliation	
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Criminal History	
DATE DISCRIMINATION OR HARASSMENT TOOK PLACE (List the latest date, if continuing)			
			_____ month day year
THE PARTICULARS ARE (Attach extra sheets if additional space is needed):			

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THE PARTICULARS ARE (CONT'D)

Sworn and subscribed to (or affirmed) before me
this ___ day of _____, 20____.

I declare that the foregoing is true and correct.

Notary Public

Complainant's Signature