

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)

EMPLOYMENT HOUSING
 COUNTY FACILITIES, SERVICES & PROGRAMS PUBLIC ACCOMMODATIONS
 CREDIT/BONDING

BASIS OF DISCRIMINATION OR HARASSMENT (Check as many as applicable)

Race Disability (Physical or mental) Parental status
 Color National Origin Military Discharge Status
 Sex Sexual Harassment Source of Income
 Age (over 40) Sexual Orientation Housing Status
 Religion Marital Status Retaliation
 Ancestry Gender Identity

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):
I.

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

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THE PARTICULARS ARE (CONT'D)

II.

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

I declare under that the foregoing is true and
correct.

Notary Public

Complainant's Signature