



READ THE FOLLOWING BEFORE CONTINUING WITH THIS FORM

**COOK COUNTY COMMISSION
ON HUMAN RIGHTS**
69 W. Washington St., Suite 3040
Chicago, Illinois 60602
312/603-1100 Office
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Toni Preckwinkle
President
Cook County Board of
Commissioners

Ranjit Hakim
Executive Director

Kenneth A. Gunn
Chairperson

Before a complaint can be filed, you must fill out the attached Housing Complaint Information Sheet. We must establish if we have the right to investigate your claim. If for any reason we believe we do not have the authority to investigate your claim, we will advise you of the reason.

The Cook County Human Rights Ordinance requires that a complaint be filed within 180 days from the date the alleged discriminatory or harassing action was taken against you. In order to provide for sufficient time in which to prepare and file your complaint, it is imperative that the Housing Complaint Information Sheet be returned to the Commission well in advance of the 180th day complaint filing deadline.

A complaint will be prepared by the Commission based upon information provided by you and contained in the Housing Complaint Information Sheet.

If you need more space to answer any of the questions on the Housing Complaint Information Sheet, please attach additional pages and refer to the number of the question you are answering.

I have read and understand the above information.

Signed: _____ Date: _____

COOK COUNTY COMMISSION ON HUMAN RIGHTS

69 W. WASHINGTON STREET, SUITE 3040

CHICAGO, ILLINOIS 60602-3007

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HOUSING COMPLAINT INFORMATION SHEET

1. COMPLAINANT'S CONTACT INFORMATION

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Other phone: _____

Email: _____

For statistical purposes only, please provide the following:

Sex: M F Date of Birth: _____ Race: _____

Who can we contact in the event this office is unable to reach you?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Other phone: _____

(telephone contact information must be different from Complainant contact information listed above)

2. RESPONDENT INFORMATION

Provide the following information about the person, organization, agency or institution that you believe discriminated against you:

Name of business or individual: _____

Address: _____

City: _____ State: _____ Phone: _____

If different from above, provide the address of the property that is involved in your complaint:

Street: _____

Lot # or Apt. # (specify) _____

City: _____ State: _____ Zip Code: _____

Indicate the type of house, rental unit, or property that was involved:

- Single family house
- Rental property (if known, specify number of units)
- Vacant land
- Mobile home park
- New construction
- Mobile Home

Other (specify): _____

3. BASIS FOR COMPLAINT

Check the type or basis(s) of discrimination against you:

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

The following are examples of certain types of conduct which may be discriminatory, if applicable, indicate the type of discriminatory actions or harassment to which you were subjected, and the date of the alleged conduct.

- Refusal to rent/lease
- Refusal to show property
- Refusal to sell
- Termination of lease
- Property not accessible to disabled
- Discriminatory advertising
- Limitations on occupancy
- Directing you toward or away from certain locations
- Other - (please describe)

- Discriminatory terms and conditions
- Creating alarm about a "changing neighborhood"
- If disabled, denial of reasonable accommodation

Provide the dates and a brief description of what happened: _____

4. OTHER

Have you filed a complaint regarding this situation with any other agency? Yes No

Date of complaint: _____ Name of the agency: _____

Complaint No. (if known): _____ Status/Outcome: _____

Please indicate how you learned about our office: _____

IMPORTANT NOTICE

BEFORE YOU SIGN THIS DOCUMENT, BE ADVISED: COMPLAINTS OF DISCRIMINATION MUST BE FILED **WITHIN 180 DAYS** OF THE LAST DATE OF DISCRIMINATION. FILLING OUT THIS INFORMATION SHEET IS **NOT** THE SAME AS FILING A COMPLAINT. THIS INFORMATION SHEET IS MERELY AN INTAKE TOOL FOR USE BY COMMISSION STAFF.

Signature: _____ Date: _____