



**COOK COUNTY COMMISSION ON  
HUMAN RIGHTS**

69 W. Washington St., Suite 3040  
Chicago, Illinois 60602  
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**Toni Preckwinkle**

President, Cook County Board of  
Commissioners

**Sisavanh Baker**

Director

**Kenneth A. Gunn**

Chairperson

## READ THE FOLLOWING BEFORE CONTINUING WITH THIS FORM

Before a complaint can be filed, you must fill out the attached Credit 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 Credit 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 Credit Complaint Information Sheet.

If you need more space to answer any of the questions on the Credit 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, IL 60602-3007

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<http://www.cookcountygov.com>

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## CREDIT COMPLAINT INFORMATION SHEET

### 1. Complainant's Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

For statistical purposes only, provide the following:

Sex:  F  M  Non-binary  Prefer not to answer

Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Religion: \_\_\_\_\_ National Origin/Ancestry: \_\_\_\_\_

Other relevant characteristics: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other phone: \_\_\_\_\_

### 2. Information Regarding Complaint

Provide the following information about the institution or organization you believe discriminated against you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**3. Check the action(s) taken against you. Include the date(s) and time(s) of each action:**

Denial of service Date: \_\_\_\_\_ Time: \_\_\_\_\_

Modification of service Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial of loan Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial of funding Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial of credit card Date: \_\_\_\_\_ Time: \_\_\_\_\_

Refusal to give reason for rejection of credit card application Date: \_\_\_\_\_ Time: \_\_\_\_\_

Charging a higher than usual interest rate Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial of bonding Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial of consideration of income Date: \_\_\_\_\_ Time: \_\_\_\_\_

Use of discriminatory lending standards Date: \_\_\_\_\_ Time: \_\_\_\_\_

Under appraising property offered as security Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial of loan based on location property offered as security Date: \_\_\_\_\_ Time: \_\_\_\_\_

Varied the terms of a loan by requiring a greater down payment requiring a shorter period of time to settle a loan Date: \_\_\_\_\_ Time: \_\_\_\_\_

Other Date: \_\_\_\_\_ Time: \_\_\_\_\_

4. What reason(s), if any, were given to you for the action(s) taken against you? If more than one action, please discuss each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If possible, identify the person at the institution that you consider most responsible for the cause of your complaint:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sex:  F  M  Non-binary  Prefer not to answer Race: \_\_\_\_\_

NationalOrigin/Ancestry \_\_\_\_\_

Other relevant characteristics: \_\_\_\_\_

6. Check the types(s) of discrimination you believe took place:

- Race
- Color
- Sex
- Age
- Religion
- Sexual Harassment
- Other: \_\_\_\_\_
- Disability
- National Origin
- Ancestry
- Sexual Orientation
- Marital Status
- Parental Status
- Military Discharge
- Source of Income
- Housing Status
- Retaliation

\_\_\_\_\_  
\_\_\_\_\_

7. Explain your understanding of the qualifications necessary to obtain credit from the institution: \_\_\_\_\_

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**10. Explain how you meet/met those qualifications:** \_\_\_\_\_

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**11. Discuss the reason(s) you believe the action(s) was/were discriminatory:** \_\_\_\_\_

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**12. Where are you currently employed?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dept./Division: \_\_\_\_\_ Hire date: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Telephone: \_\_\_\_\_

**13. List all other sources of income (if any):**

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**14. What is your total family annual income?** \_\_\_\_\_

**15. Were you asked for credit information?**  Yes  No

**16. Do you have credit references?**  Yes  No

**17. Was a report from a credit bureau obtained?**  Yes  No

**18. Was employment or length of employment verified?**  Yes  No

**19. Was income verified?**  Yes  No

**20. How long have you lived at your current address?**  Yes  No

**21. Was your residence verified?**  Yes  No

**22. Have you ever filed bankruptcy?**  Yes  No

If yes, when? \_\_\_\_\_

**23. Have you ever had a garnishment, attachment, foreclosure, repossession or judgment for unpaid bills?**  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**24. Do you have unpaid bills or obligations?**  Yes  No

If yes, state creditor(s) and amount(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**25. Explain, if you know, about how others in your situation have been treated. Give the names, addresses and telephone numbers, if available:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**26. On how many other occasions have you sought credit or bonding from the institution listed in this complaint? (provide copies if available):** \_\_\_\_\_

\_\_\_\_\_

**27. List the names, addresses and phone numbers of any witnesses who can support your claim of discrimination:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Tel No: \_\_\_\_\_

**28. Did you file a complaint with the institution listed in this complaint?**  Yes  No

If yes, give the contacts name and title: \_\_\_\_\_

When? \_\_\_\_\_ Compliant No. (if known): \_\_\_\_\_

Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**29. Describe any documents you have or know of which support your claim of discrimination:**  
(provide copies if available): \_\_\_\_\_

**30. Have you filed a previous complaint regarding this situation with this Commission?**  Yes  No  
When? \_\_\_\_\_ Compliant No. (if known): \_\_\_\_\_  
Results: \_\_\_\_\_

**31. Have you filed a complaint regarding this situation with any other agency?**  Yes  No  
Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date filed: \_\_\_\_\_  
Results: \_\_\_\_\_

Compliant No. (if known): \_\_\_\_\_

**32. What type relief are you seeking?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_