



**COOK COUNTY COMMISSION
ON HUMAN RIGHTS**

69 W. Washington St., Suite 3040
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312/603-1100 Office
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Toni Preckwinkle
President

Ranjit Hakim
Executive 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 Service 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 Service 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 Service Complaint Information Sheet.

If you need more space to answer any of the questions on the Service 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 ST., SUITE 3040

CHICAGO, ILLINOIS 60602-3007

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SERVICE COMPLAINT INFORMATION SHEET

1. COMPLAINANT'S CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Other phone: _____

Email: _____

For statistical purposes only, please provide the following:

Sex: F M 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 place, organization, agency or institution that you believe discriminated against you:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

If relevant, identify the individual(s) you believe most responsible for the cause of your complaint:

Name: _____ Title: _____

3. BASIS FOR COMPLAINT

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability | <input type="checkbox"/> Parental status |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Military Discharge |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Ancestry | <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"/> Gender Identity | <input type="checkbox"/> Sexual Harassment | |

List each date and the time of day, and briefly describe the discriminatory actions or harassment (i.e., disparate treatment, or denial of access to participate in program) to which you were subjected:

Explain, if you know, about how others in your situation have been treated. (Give names and telephone numbers if you can):

On how many other occasions have you sought the provision or distribution of County facilities, services or programs, or visited the department, agency or facility listed?:

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: _____