



**COOK COUNTY COMMISSION  
ON HUMAN RIGHTS**

69 W. Washington St., Suite 3040  
Chicago, Illinois 60602  
312/603-1100 Office  
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312/603-1101 TDD

**Toni Preckwinkle**  
President

**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 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  Non-Binary  Prefer not to answer

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:

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

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:

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

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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?:

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