



**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

**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 Public Accommodation 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 Public Accommodation 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 Public Accommodation Complaint Information Sheet.

If you need more space to answer any of the questions on the Public Accommodation 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: \_\_\_\_\_

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69 W. WASHINGTON ST., SUITE 3040

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**PUBLIC ACCOMMODATION 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 person, organization, agency or institution that you believe discriminated against you:

Name of business or individual: \_\_\_\_\_

Type of business, agency, organization or institution: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

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"/> Gender Identity                         | <input type="checkbox"/> Marital Status     |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Retaliation for Opposing Discrimination |   |

List each date and time of day, and briefly describe the discriminatory actions or harassment (i.e., physical barrier(s) present, or denial or curtailment of use because of the conduct of others) to which you were subjected:

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

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On how many other occasions have you sought service from or visited the organization or institution listed above? \_\_\_\_\_

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If you were denied services or the full and equal enjoyment of a place of public accommodation, describe the Respondent's employees and patrons who were visible at the time of the incident: \_\_\_\_\_

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If you are disabled and you are complaining about lack of accessibility or failure to provide assistance or aid, answer the following questions:

Did you call ahead of your visit to ask about accessibility or assistance?  Yes  No

Did you request for an accommodation for your disability?  Yes  No

If yes, when: \_\_\_\_\_ To whom: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

#### 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: \_\_\_\_\_