

COMPLAINT FORM

FOR OFFICIAL USE ONLY

COM. NO. # _____

RP SERVED: _____

**COOK COUNTY
COMMISSION ON HUMAN RIGHTS**

NAME OF COMPLAINANT (Last, First, Middle)	TELEPHONE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME OF RESPONDENT	TELEPHONE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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TYPE OF COMPLAINT (Check as applicable)

EMPLOYMENT HOUSING

COUNTY FACILITIES, SERVICES & PROGRAMS PUBLIC ACCOMMODATIONS

CREDIT/BONDING

BASIS OF DISCRIMINATION OR HARASSMENT (Check as many as applicable)

<input type="checkbox"/> Race	<input type="checkbox"/> Disability (Physical or mental)	<input type="checkbox"/> Parental status
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Military Discharge Status
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Harassment	<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"/> Ancestry	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Criminal History

DATE DISCRIMINATION OR HARASSMENT TOOK PLACE
(List the latest date, if continuing)

_____ month _____ day _____ year

THE PARTICULARS ARE (Attach extra sheets if additional space is needed):

I.

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THE PARTICULARS ARE (CONT'D)

II.

Under penalties of law, I certify that all information included in this complaint is true and accurate to the best of my knowledge and belief.

Complainant's Signature