

**COMPLAINT FORM****FOR OFFICIAL USE ONLY**

COM. NO. # \_\_\_\_\_

RP SERVED: \_\_\_\_\_

**COOK COUNTY  
COMMISSION ON HUMAN RIGHTS****NAME OF COMPLAINANT****TELEPHONE****STREET ADDRESS****CITY****STATE****ZIP CODE****COMPLAINANT EMAIL****NAME OF RESPONDENT****TELEPHONE****STREET ADDRESS****CITY****STATE****ZIP CODE****RESPONDENT EMAIL****TYPE OF COMPLAINT** EMPLOYMENT HOUSING COUNTY FACILITIES, SERVICES & PROGRAMS PUBLIC ACCOMMODATIONS CREDIT/BONDING**BASIS OF DISCRIMINATION OR HARASSMENT** Race Disability (Physical or mental) Parental status Color National Origin Military Discharge Status Sex Sexual Harassment Source of Income Age (over 40) Sexual Orientation Housing Status Religion Marital Status Retaliation Ancestry Gender Identity Criminal History**DATE DISCRIMINATION OR HARASSMENT TOOK PLACE**\_\_\_\_\_  
Month\_\_\_\_\_  
Day\_\_\_\_\_  
Year**THE PARTICULARS ARE:**

I.

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**RP SERVED:** \_\_\_\_\_

**COOK COUNTY  
COMMISSION ON HUMAN RIGHTS**

**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

\_\_\_\_\_  
Date