

LIVING WAGE COMPLAINT FORM

FOR OFFICIAL USE ONLY

CASE NO. # _____

DATE REC'D: _____

**COOK COUNTY
COMMISSION ON HUMAN RIGHTS**

NAME OF COMPLAINANT			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)

PAID LESS THAN THE LIVING WAGE

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

Providing Labor Pursuant to Contract or Subcontract with Cook County

Working on Property That Receives a Class 6B Property Tax Incentive

Working on Property That Receives a Class 8 Property Tax Incentive

Working on Property That Receives a Class 9 Property Tax Incentive

WAGE RECEIVED: \$____./hour for work performed for Respondent from _____ to _____.
mm/dd/yyyy mm/dd/yyyy

Employer Provided Healthcare Benefits to Employee Where Employee's Health Benefit Contribution Did Not Exceed 25% of the Cost of the Healthcare Benefit Premium

Yes

No

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

I.

Sworn and subscribed to (or affirmed) before me this ____ day of _____, 20__.

I declare that the foregoing is true and correct.

Notary Public

Complainant's Signature

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THE PARTICULARS ARE (continued):

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me this ____ day of _____, 20__.

Notary Public

I declare that the foregoing is true and correct.

Complainant's Signature