

**COOK COUNTY COMMISSION ON HUMAN RIGHTS**

**69 W. WASHINGTON ST., SUITE 3040  
CHICAGO, ILLINOIS 60602-3007  
PHONE 312.603.1100 • FAX 312.603.9988  
human.rights@cookcountyil.gov**

\*\*\*\*\*

**MINIMUM WAGE COMPLAINT INTAKE SHEET**

**EMPLOYEE (Complainant) Contact Information**

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

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

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

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

**EMPLOYER (Respondent) Contact Information**

Provide the following information about the employer you believe violated the Cook County Minimum Wage Ordinance:

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

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

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

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

If relevant, identify the individual(s) or department you believe is responsible for the Ordinance violation alleged:

Name: \_\_\_\_\_ Title/Department: \_\_\_\_\_

**ALLEGATIONS SHOWING JURISDICTION**

Provide the following information to show that you and your employer are covered by the Ordinance and that you have brought your complaint in a timely fashion.

**A. Date of Alleged Violation:**

1. Date of alleged Ordinance violation: \_\_\_\_\_

2. If a continuing violation, list the last date on which the violation most recently occurred: \_\_\_\_\_
3. If more than three years have passed since the date provided above, provide:
  - a. Date when you first discovered the violation: \_\_\_\_\_ and
  - b. A brief explanation of the reason you did not discover the violation for more than three years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. Covered Employee:**

1. On or about [DATE]\* \_\_\_\_\_, I performed a minimum of two hours of work for [EMPLOYER] \_\_\_\_\_ while physically present in a location that is within the geographic boundaries of Cook County.

*(\* Please provide first such date this occurred.)*

Here is a brief description of that work and the specific location where it was performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you have performed two or more such hours of work for EMPLOYER in more than one municipality in Cook County, please list those other municipalities here:

\_\_\_\_\_  
 \_\_\_\_\_

*(Note: if your job involves working in a large number of locations throughout Cook County, you are not required to list all such municipalities.)*

2. Check any that apply and be sure to discuss with Commission Staff or your attorney before filing:
  - I am in a Union. Name of Union and Local: \_\_\_\_\_
  - I am an employee of a Subsidized Temporary Youth Employment Program.
  - I am an employee of a Subsidized Transitional Employment Program.
  - I am in the first 90 calendar days of my employment.

- I am under the age of 18.
- I am a employed to perform work as a camp counselor.
- My earning capacity is impaired by age, physical or mental deficiency, or injury.
- I am licensed as a “learner” by the Illinois Commission of Labor.
- I am employed in agriculture or aquaculture.
- I am employed as an outside salesperson.
- I am employed as a member of a religious corporation or organization.
- I am a student employed at an accredited Illinois college or university.

**C. Covered Employer:**

1.  I am not a Domestic Worker for my EMPLOYER, but my EMPLOYER has at least three other employees.

Here are the names or a brief description of the jobs/titles of at least three other employees of my EMPLOYER:

---



---



---

OR

- I am a Domestic Worker for my EMPLOYER.
2.  My EMPLOYER has a Business Facility that is located within the geographic boundaries of Cook County.

Here is the street address of that Business Facility and a brief description of the facility itself (e.g., store, warehouse):

---



---

*(Note: if your Employer has more than one Business Facility that is located within the geographic boundaries of Cook County, please describe the location where you work for Employer or that is otherwise most relevant to the alleged violation.)*

OR

My EMPLOYER has or should have a Cook County license.

Here is the type of Cook County license:

General Business License, or

Other (describe) \_\_\_\_\_

**SPECIFIC ALLEGATIONS OF VIOLATION(S)**

A.  If claim of **UNDERPAYMENT**

1. I started working for my EMPLOYER on or about the following date: \_\_\_\_\_

2.  I am still working for EMPLOYER

OR

I am no longer working for EMPLOYER and my last day of employment was:

\_\_\_\_\_

3. My current (or most recent) job title or position is: \_\_\_\_\_

4. Here is a brief description of the kind of work I perform for EMPLOYER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The location where I perform the majority of my work for EMPLOYER, if any, is:

\_\_\_\_\_

6. If the above location is not in Cook County, here is a brief description of the work I perform/have performed for EMPLOYER within Cook County:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. I am/was paid by EMPLOYER on the following basis (check all that apply):

salary  hourly  gratuities (tips)  overtime  comp time  other: \_\_\_\_\_

8. I believe I was paid less than the applicable Cook County Minimum Wage for work that I performed for EMPLOYER in Cook County. Here is the relevant information:

From (dd/mm/yyyy): \_\_\_\_\_ To (dd/mm/yyyy): \_\_\_\_\_

Hours Worked: \_\_\_\_\_ Type (e.g., regular, overtime) \_\_\_\_\_

Amount Paid (specify if per hour or pay period): \_\_\_\_\_

Amount of Tips (if applicable): \_\_\_\_\_

Location Where Work Performed: \_\_\_\_\_

From (dd/mm/yyyy): \_\_\_\_\_ To (dd/mm/yyyy): \_\_\_\_\_

Hours Worked: \_\_\_\_\_ Type (e.g., regular, overtime) \_\_\_\_\_

Amount Paid (specify if per hour or pay period): \_\_\_\_\_

Amount of Tips (if applicable): \_\_\_\_\_

Location Where Work Performed: \_\_\_\_\_

From (dd/mm/yyyy): \_\_\_\_\_ To (dd/mm/yyyy): \_\_\_\_\_

Hours Worked: \_\_\_\_\_ Type (e.g., regular, overtime) \_\_\_\_\_

Amount Paid (specify if per hour or pay period): \_\_\_\_\_

Amount of Tips (if applicable): \_\_\_\_\_

Location Where Work Performed: \_\_\_\_\_

9.  I have communicated with my EMPLOYER regarding these underpayments.

OR

I have not communicated with my EMPLOYER regarding these underpayments.

10. Check any that apply and begin gathering documents to share with the Commission that relate to your allegations:

My EMPLOYER has provided me with documentation of my hours worked, the location of that work and/or my rate of pay (*e.g.*, paychecks, paystubs, W-2 or 1099 tax forms, work schedules, *etc.*), and I have retained some or all of that documentation.

My EMPLOYER has provided me with documentation of my hours worked, the location of that work and/or my rate of pay, and I have not retained any of that documentation.

My EMPLOYER has not provided me with any documentation of my hours worked, the location of that work and/or my rate of pay.

I have documentation that was NOT provided to me by my EMPLOYER that reflects my hours worked, the location of that work and/or my rate of pay (*e.g.*, personal calendar or datebook, a work diary, a log or notes created to track time and earnings, copies of filed taxes, *etc.*).

I have no documentation in my possession, custody or control that reflects my hours worked for my employer, the location of that work and/or my rate of pay.

11. The following persons witnessed and/or have knowledge of such underpayment (include contact information to the extent that you have it):

---

---

---

12. Please provide here any additional reasons for your belief that you were underpaid and describe any additional evidence in support: \_\_\_\_\_

---

---

**B.  If claim of FAILURE TO PROVIDE NOTICE**

1.  My EMPLOYER failed to provide me with written notice of my rights under the Cook County Minimum Wage Ordinance with my first paycheck after July 1, 2017. The date of my first paycheck after July 1, 2017 was: \_\_\_\_\_

OR

My EMPLOYER provided me with an inadequate written notice of my rights under the Cook County Minimum Wage Ordinance with my first paycheck after July 1, 2017.

Here is a copy of the written notice that my EMPLOYER provided me on [DATE] \_\_\_\_\_. It is inadequate because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2.  My EMPLOYER failed to post in a conspicuous place in a Business Facility within the geographic boundaries of Cook County a notice of employees' rights under the Cook County Minimum Wage Ordinance.

Here is the street address of the Business Facility where the notice should have been posted and description of the specific conspicuous place where I expected to see it (*e.g.*, break room, water cooler, *etc.*) but did not: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OR

My EMPLOYER posted an inadequate notice of employees' rights under the Cook County Minimum Wage Ordinance in a conspicuous place in a Business Facility within the geographic boundaries of Cook County.

Here is a copy of the notice that my EMPLOYER posted on [DATE] \_\_\_\_\_. It is inadequate because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. The following persons witnessed and/or have knowledge of such underpayment (include contact information to the extent that you have it):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C.  If claim of **RETALIATION**

1. I engaged in the following protected conduct (*e.g.*, I complained of underpayment):

---

---

2. My EMPLOYER took the following adverse action against me (*e.g.*, I was discharged):

---

---

3. I believe EMPLOYER took the adverse action described above because of my protected conduct (described above) based on the following reasons:

---

---

4. The location where such retaliation occurred was in Cook County at the following street address:

---

---

5. The following persons witnessed and/or have knowledge of such retaliation (include contact information to the extent that you have it):

---

---

---