

**EARNED SICK LEAVE (“ESL”) COMPLAINT FORM**

**FOR OFFICIAL USE ONLY**  
CASE NO. # \_\_\_\_\_  
DATE REC'D: \_\_\_\_\_

**COOK COUNTY  
COMMISSION ON HUMAN RIGHTS**

<b>NAME OF EMPLOYEE/COMPLAINANT</b>	<b>TELEPHONE</b>	<b>EMAIL</b>
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<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>NAME OF EMPLOYER/RESPONDENT</b>	<b>TELEPHONE</b>	<b>EMAIL</b>
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<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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**1. TYPE OF COMPLAINT** (Check as many as applicable)

FAILED TO PROVIDE ALL HOURS OF EARNED SICK LEAVE REQUIRED BY ORDINANCE

FAILED TO ALLOW USE OF ACCRUED EARNED SICK LEAVE AS REQUIRED BY ORDINANCE

FAILED TO PROPERLY COMPENSATE FOR USE OF EARNED SICK LEAVE

FAILED TO NOTIFY OF RIGHT TO EARNED SICK LEAVE

RETALIATION     OTHER ACT(S) PROHIBITED BY ORDINANCE \_\_\_\_\_

**2. ACCRUAL PERIOD:** from \_\_\_\_\_ to \_\_\_\_\_.

dd/mm/yyyy                      dd/mm/yyyy

**3. HOURS OF ESL AWARDED BY EMPLOYER FOR ACCRUAL PERIOD:** \_\_\_\_\_

**4. HOURS OF ESL USED BY EMPLOYEE DURING ACCRUAL PERIOD:** \_\_\_\_\_

**5. HOURS WORKED FOR EMPLOYER IN COOK COUNTY DURING ACCRUAL PERIOD:** \_\_\_\_\_

**6. LOCATION WHERE WORK PERFORMED FOR EMPLOYER** (e.g., address of business/workplace):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach extra sheets if additional space is needed to explain the hours, date ranges and/or location(s) of work.)

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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(Before completing, please review Section 1020.200 of the Rules governing ESL cases at the Commission. Be sure to include facts explaining why you and your employer are covered by the Ordinance. Explain in detail how your employer has violated the Ordinance. Separate each allegation into its own numbered paragraph. Attach documents as described below.)

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

I.

**Attach to this complaint any documents that support your claim** (*e.g.*, paychecks, paystubs, direct deposit receipts, W-2s, 1099s, work schedules, benefit schedules, *etc.*).

**Provide the Commission with the names and contact information of any witnesses** who can corroborate your claim as soon as possible.

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