

EARNED SICK LEAVE (“ESL”) COMPLAINT FORM

FOR OFFICIAL USE ONLY

CASE NO. # _____

DATE REC'D: _____

COOK COUNTY
COMMISSION ON HUMAN RIGHTS

NAME OF EMPLOYEE/COMPLAINANT		TELEPHONE	COMPLAINANT EMAIL
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF EMPLOYER/RESPONDENT		TELEPHONE	RESPONDENT EMAIL
STREET ADDRESS	CITY	STATE	ZIP CODE

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
- ☐ FAILED TO COMPLY WITH THE COVID-19 VACCINATION RIGHTS FOR EMPLOYEES AND EMPLOYER OBLIGATIONS ORDINANCE
- ☐ 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 ACCURAL 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.)

If you are a representative (attorney, volunteer, support staff) completing this form on behalf of the Complainant, please include your name and contact information in the below field:

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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.

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 Signature

Date