

COMPLAINT FORM

FOR OFFICIAL USE ONLY

COM. NO. # _____

RP SERVED: _____

**COOK COUNTY
COMMISSION ON HUMAN RIGHTS**

NAME OF COMPLAINANT	TELEPHONE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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COMPLAINANT EMAIL

NAME OF RESPONDENT	TELEPHONE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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RESPONDENT EMAIL

TYPE OF COMPLAINT	
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING
<input type="checkbox"/> COUNTY FACILITIES, SERVICES & PROGRAMS	<input type="checkbox"/> PUBLIC ACCOMMODATIONS
<input type="checkbox"/> CREDIT/BONDING	

BASIS OF DISCRIMINATION OR HARASSMENT		
<input type="checkbox"/> Race	<input type="checkbox"/> Disability (Physical or mental)	<input type="checkbox"/> Parental status
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Military Discharge Status
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Source of Income
<input type="checkbox"/> Age (over 40)	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Housing Status
<input type="checkbox"/> Religion	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Criminal History

DATE DISCRIMINATION OR HARASSMENT TOOK PLACE

Month Day Year

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

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COMMISSION ON HUMAN RIGHTS

FACTS THAT SUPPORT YOUR COMPLAINT:

Empty box for providing facts that support the complaint.

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

Representative's Signature (if applicable)

Date