FOR OFFICIAL USE ONLY CASE NO. # _____ DATE REC'D: _____

COOK COUNTY COMMISSION ON HUMAN RIGHTS

NAME OF EMPLOYEE/C	COMPLAINANT	TELEPH	IONE	COMPLAINANT EMAIL		
STREET ADDRESS	CITY	STATE	ZIP CODE			
NAME OF EMPLOYER/I	RESPONDENT	TELEPH	IONE	RESPONDENT EMAIL		
STREET ADDRESS	CITY	STATE	ZIP CODE			
1. TYPE OF COMPLAIN	T (Check as many	y as applicable)				
□ PAID LESS THAN THE MINIMUM WAGE			\Box RETA	LIATION		
□ FAILED TO NOTIFY O	F RIGHT TO MIN	NIMUM WAGE	□ OTH	ER:		
 2. WAGE RECEIVED: \$/hour for work performed for Respondent from to mm/dd/yyyy 3. LOCATION WHERE WORK PERFORMED (<i>e.g.</i>, address of business facility or workplace): 						
(Attach extra sheets if additional space is needed to reflect different wages, date ranges or locations of work)						
If you are a representative please include your name a				lf of the Complainant,		

MINIMUM WAGE COMPLAINT FORM

FOR OFFICIAL USE ONLY CASE NO. # _____ DATE REC'D: _____

(Review Rule 5.03 governing Minimum Wage 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.):

4. FACTS THAT SUPPORT YOUR COMPLAINT: (Attach extra sheets if additional space is needed.)

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