

LIVING WAGE COMPLAINT FORM

FOR OFFICIAL USE ONLY

CASE NO. # _____

DATE REC'D: _____

**COOK COUNTY
COMMISSION ON HUMAN RIGHTS**

NAME OF COMPLAINANT	TELEPHONE	COMPLAINANT EMAIL	
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME OF RESPONDENT	TELEPHONE	RESPONDENT EMAIL	
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STREET ADDRESS	CITY	STATE	ZIP CODE
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TYPE OF COMPLAINT (Check as applicable)

PAID LESS THAN THE LIVING WAGE

BASIS OF DISCRIMINATION OR HARASSMENT (Check as many as applicable)

Providing Labor Pursuant to Contract or Subcontract with Cook County

Working on Property That Receives a Class 6B Property Tax Incentive

Working on Property That Receives a Class 8 Property Tax Incentive

Working on Property That Receives a Class 9 Property Tax Incentive

WAGE RECEIVED: \$____.____/hour for work performed for Respondent from _____ to _____.
mm/dd/yyyy mm/dd/yyyy

Employer Provided Healthcare Benefits to Employee Where Employee's Health Benefit Contribution Did Not Exceed 25% of the Cost of the Healthcare Benefit Premium

Yes

No

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

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

Representative Signature (if applicable)

Date