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

COOK COUNTY COMMISSION ON HUMAN RIGHTS

NAME OF EMPLOYEI	E/COMPLAINAN	T TELEPH	ONE COMPLA	INANT EMAIL	
STREET ADDRESS	CITY	STATE	ZIP CODE		
NAME OF EMPLOYE	R/RESPONDENT	TELEPHO	DNE RESPON	DENT EMAIL	
STREET ADDRESS	CITY	STATE	ZIP CODE		
 1. TYPE OF COMPLAINT (Check as many as applicable) □ FAILED TO PROVIDE ALL HOURS OF PAID LEAVE REQUIRED BY ORDINANCE □ FAILED TO ALLOW USE OF PAID LEAVE AS REQUIRED BY ORDINANCE □ FAILED TO PROPERLY COMPENSATE FOR USE OF PAID LEAVE □ FAILED TO NOTIFY OF RIGHT TO PAID LEAVE □ FAILED TO COMPLY WITH THE COVID-19 VACCINATION RIGHTS FOR EMPLOYEES AND EMPLOYER OBLIGATIONS ORDINANCE □ RETALIATION □ OTHER ACT(S) PROHIBITED BY ORDINANCE 					
 ACCRUAL PERIOD: fromto dd/mm/yyyy dd/mm/yyyy HOURS OF PL AWARDED BY EMPLOYER FOR ACCURAL PERIOD: HOURS OF PL USED BY EMPLOYEE DURING ACCRUAL PERIOD: HOURS WORKED FOR EMPLOYER IN COOK COUNTY DURING ACCRUAL PERIOD: LOCATION WHERE WORK PERFORMED FOR EMPLOYER (<i>e.g.</i>, address of business/workplace): 					
(Attach extra sheets if add	litional space is ne	eded to explain th	e hours, date ranges a	nd/or location(s) of work.)	

PAID LEAVE ("PL") COMPLAINT FORM

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

(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. 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, 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
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Date

Representative Signature (if applicable)

Date

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