



**COOK COUNTY COMMISSION ON
HUMAN RIGHTS**

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Toni Preckwinkle

President, Cook County Board of
Commissioners

Sisavanh Baker

Director

Kenneth A. Gunn

Chairperson

READ THE FOLLOWING BEFORE CONTINUING WITH THIS FORM

Before a complaint can be filed, you must fill out the attached Credit Complaint Information Sheet. We must establish if we have the right to investigate your claim. If for any reason we believe we do not have the authority to investigate your claim, we will advise you of the reason.

The Cook County Human Rights Ordinance requires that a complaint be filed within 180 days from the date the alleged discriminatory or harassing action was taken against you. In order to provide for sufficient time in which to prepare and file your complaint, it is imperative that the Credit Complaint Information Sheet be returned to the Commission well in advance of the 180th day complaint filing deadline.

A complaint will be prepared by the Commission based upon information provided by you and contained in the Credit Complaint Information Sheet.

If you need more space to answer any of the questions on the Credit Complaint Information Sheet, please attach additional pages and refer to the number of the question you are answering.

I have read and understand the above information.

Signed: _____ Date: _____

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CREDIT COMPLAINT INFORMATION SHEET

1. Complainant's Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Other phone: _____

Email: _____

For statistical purposes only, provide the following:

Sex: F M Date of birth: _____ Race: _____

Religion: _____ National Origin/Ancestry: _____

Other relevant characteristics: _____

Who can we contact in the event this office is unable to reach you?

(telephone contact information must be different from Complainant information listed above)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Other phone: _____

2. Information Regarding Complaint

Provide the following information about the institution or organization you believe discriminated against you:

Name: _____

Address: _____ City: _____

Zip: _____ Telephone: _____

3. Check the action(s) taken against you. Include the date(s) and time(s) of each action:

- Denial of service Date: _____ Time: _____
- Modification of service Date: _____ Time: _____
- Denial of loan Date: _____ Time: _____
- Denial of funding Date: _____ Time: _____
- Denial of credit card Date: _____ Time: _____
- Refusal to give reason for rejection of credit card application Date: _____ Time: _____
- Charging a higher than usual interest rate Date: _____ Time: _____
- Denial of bonding Date: _____ Time: _____
- Denial of consideration of income Date: _____ Time: _____
- Use of discriminatory lending standards Date: _____ Time: _____
- Under appraising property offered as security Date: _____ Time: _____
- Denial of loan based on location property offered as security Date: _____ Time: _____
- Varied the terms of a loan by requiring a greater down payment requiring a shorter period of time to settle a loan Date: _____ Time: _____
- Other Date: _____ Time: _____

10. Explain how you meet/met those qualifications: _____

11. Discuss the reason(s) you believe the action(s) was/were discriminatory: _____

12. Where are you currently employed?

Name: _____

Address: _____ City: _____ State: _____

Dept./Division: _____ Hire date: _____

Salary: \$ _____ Telephone: _____

13. List all other sources of income (if any):

14. What is your total family annual income? _____

15. Were you asked for credit information? Yes No

16. Do you have credit references? Yes No

17. Was a report from a credit bureau obtained? Yes No

18. Was employment or length of employment verified? Yes No

19. Was income verified? Yes No

20. How long have you lived at your current address? Yes No

21. Was your residence verified? Yes No

22. Have you ever filed bankruptcy? Yes No

If yes, when? _____

23. Have you ever had a garnishment, attachment, foreclosure, repossession or judgment for unpaid bills? Yes No

If yes, please explain: _____

24. Do you have unpaid bills or obligations? Yes No

If yes, state creditor(s) and amount(s): _____

25. Explain, if you know, about how others in your situation have been treated. Give the names, addresses and telephone numbers, if available: _____

26. On how many other occasions have you sought credit or bonding from the institution listed in this complaint? (provide copies if available): _____

27. List the names, addresses and phone numbers of any witnesses who can support your claim of discrimination:

Name: _____ Name: _____

Address: _____ Address: _____

Tel No: _____ Tel No: _____

28. Did you file a complaint with the institution listed in this complaint? Yes No

If yes, give the contacts name and title: _____

When? _____ Compliant No. (if known): _____

Results: _____

29. Describe any documents you have or know of which support your claim of discrimination:

(provide copies if available): _____

30. Have you filed a previous compliant regarding this situation with this Commission? Yes No

When? _____ Compliant No. (if known): _____
Results: _____

31. Have you filed a complaint regarding this situation with any other agency? Yes No

Name of Agency: _____
Address: _____
Telephone: _____ Date filed: _____
Results: _____

Compliant No. (if known): _____

32. What type relief are you seeking? _____

IMPORTANT NOTICE

BEFORE YOU SIGN THIS DOCUMENT, BE ADVISED: COMPLAINTS OF DISCRIMINATION MUST BE FILED **WITHIN 180 DAYS** OF THE LAST DATE OF DISCRIMINATION. FILLING OUT THIS INFORMATION SHEET IS **NOT** THE SAME AS FILING A COMPLAINT. THIS INFORMATION SHEET IS MERELY AN INTAKE TOOL FOR USE BY COMMISSION STAFF.

Signature: _____ Date: _____