

**COMPLAINT FORM****FOR OFFICIAL USE ONLY**

COM. NO. # \_\_\_\_\_

RP SERVED: \_\_\_\_\_

**COOK COUNTY  
COMMISSION ON HUMAN RIGHTS**

|  |  |  |                 |
|--|--|--|-----------------|
| <b>NAME OF COMPLAINANT</b>   |  | <b>TELEPHONE</b>                                   |                 |
| <b>STREET ADDRESS</b>  | <b>CITY</b>  | <b>STATE</b>                                       | <b>ZIP CODE</b> |
| <b>COMPLAINANT EMAIL</b>   |  |  |                 |
| <b>NAME OF RESPONDENT</b>  |  | <b>TELEPHONE</b>                                   |                 |
| <b>STREET ADDRESS</b>  | <b>CITY</b>  | <b>STATE</b>                                       | <b>ZIP CODE</b> |
| <b>RESPONDENT EMAIL</b>  |  |  |                 |
| <b>TYPE OF COMPLAINT</b>   |  |  |                 |
| <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  |  |  |                 |
| <b>BASIS OF DISCRIMINATION OR HARASSMENT</b>   |  |  |                 |
| <input type="checkbox"/> Race (including traits associated with 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          |                 |
| <input type="checkbox"/> Bodily Autonomy   | <input type="checkbox"/> Pregnancy Status                | <input type="checkbox"/> Ethnicity                 |                 |
| <input type="checkbox"/> Caste   |  |  |                 |
| <b>DATE DISCRIMINATION OR HARASSMENT TOOK PLACE</b>  |  |  |                 |
|  |  | _____<br>Month                                     | _____<br>Day    |
|  |  | _____<br>Year                                      |                 |
| <b>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:</b> |  |  |                 |
|  |  |  |                 |

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**FACTS THAT SUPPORT YOUR COMPLAINT:**

[Empty box for providing facts supporting 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