



**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 Employment 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 Employment 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 Employment Complaint Information Sheet.

If you need more space to answer any of the questions on the Employment 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: \_\_\_\_\_

**COOK COUNTY COMMISSION ON HUMAN RIGHTS**

69 W. WASHINGTON ST., SUITE 3040

CHICAGO, ILLINOIS 60602-3007

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<http://www.cookcountygov.com>

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**EMPLOYMENT COMPLAINT INFORMATION SHEET**

**1. COMPLAINANT'S CONTACT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

For statistical purposes only, provide the following:

Sex:  F  M Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

**2. RESPONDENT INFORMATION**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If relevant, identify the individual(s) you believe most responsible for the cause of your complaint:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

If you applied for employment, or are now or were previously employed by the employer or organization, provide the following:

Date applied: \_\_\_\_\_ Date employment denied: \_\_\_\_\_

Date hired: \_\_\_\_\_ Last date of employment: \_\_\_\_\_

Most recent job title: \_\_\_\_\_

### 3. BASIS FOR COMPLAINT

Check the type or basis(s) of the discrimination against you:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Race          | <input type="checkbox"/> Disability         | <input type="checkbox"/> Parental Status   | <input type="checkbox"/> Military Discharge Status                  |
| <input type="checkbox"/> Color         | <input type="checkbox"/> National Origin    | <input type="checkbox"/> Housing Status    | <input type="checkbox"/> Retaliation for Opposing<br>Discrimination |
| <input type="checkbox"/> Sex           | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Marital Status    | <input type="checkbox"/> COVID-19 Vaccination                       |
| <input type="checkbox"/> Ancestry      | <input type="checkbox"/> Source of Income   | <input type="checkbox"/> Gender Identity   |   |
| <input type="checkbox"/> Age (over 40) | <input type="checkbox"/> Religion           | <input type="checkbox"/> Sexual Harassment |   |

List each date and describe briefly the discriminatory actions (i.e., unequal terms and conditions of employment, unequal discipline, failure to promote, termination) or harassment to which you were subjected:

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### 4. OTHER

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

If yes, name of the agency: \_\_\_\_\_

Complaint No: (if known): \_\_\_\_\_ Status/Outcome: \_\_\_\_\_

Please indicate how you learned about our office: \_\_\_\_\_

**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 AN INTAKE TOOL FOR USE BY COMMISSION STAFF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_