

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

COOK COUNTY
COMMISSION ON HUMAN RIGHTS
COMPLAINT FORM

NAME OF COMPLAINANT (Indicate Ms., Mr. or Mrs.)	TELEPHONE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME OF RESPONDENT	TELEPHONE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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TYPE OF COMPLAINT (Check as many as applicable)	
<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	

BASIS OF DISCRIMINATION OR HARASSMENT (Check as many as applicable)		
(Physical)		
<input type="checkbox"/> Race	<input type="checkbox"/> Disability 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	

DATE DISCRIMINATION OR HARASSMENT TOOK PLACE
(List the latest date, if continuing) _____ - _____ - 2004
month day year

THE PARTICULARS ARE (Attach extra sheets if additional space is needed): I.
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Sworn and subscribed before me this _____ day of _____, 20____.

I declare that the foregoing is true and correct.

Notary Public

Complainant's Signature Date

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THE PARTICULARS ARE (CONT'D)

Sworn and subscribed before me this
____ day of _____, 20__.

I declare under that the foregoing
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Notary Public

Complainant's Signature

Date