



Drafting & Filing Discrimination Complaints on Your Own

The Commission on Human Relations is the City of Chicago agency which receives and adjudicates Complaints of discrimination in violation of the Chicago Human Rights Ordinance and the Chicago Fair Housing Ordinance. Individuals may prepare their own discrimination Complaints and file them by mail.

This packet explains the coverage of the City's anti-discrimination Ordinances and the basic requirements for filing a Complaint. Although we have tried to present this information as simply as possible, we realize that it may be difficult to understand. Please call the Commission if you have questions.

If you need assistance with Complaint-filing:

- You may call the Commission and ask to speak to an intake staff person who can answer basic, brief questions. Intake staff cannot answer extensive questions over the telephone; an office visit is necessary if you need a lot of assistance.
- You may come to the Commission's office, where an intake staff person will assist in preparing and filing the Complaint. Intake staff can spend more time with people who come to the office.
- You may obtain your own attorney to advise or represent you. The Commission has a list of organizations which provide free legal services in some discrimination claims.

The following information is provided in the attached "Tips for Drafting Complaints" material. You are encouraged to review it before you prepare and file your Complaint:

- General Information and Requirements about Content – Page 2
- General Jurisdictional Requirements – Page 3
- Notes about the Types of Discrimination Prohibited by the Chicago Fair Housing and Human Rights Ordinances – Pages 3-4
- How to Organize the Text of the Complaint – Page 4
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- How to File the Complaint – Page 5
- Sample Cover Page of Complaint – Page 6
- Blank Complaint Form – Attached at end

It is your responsibility to make sure that your Complaint is correct, complete, and timely filed. The Commission's Regulations, described more in the attached material, require that certain content be included in Complaints. Failure to meet those requirements may cause the Commission to reject your complaint as "defective."

The Commission on Human Relations is not the prosecutor of cases filed with it and it is not the lawyer, advisor, representative, or advocate for either the Complainant or the Respondent.

TIPS FOR DRAFTING COMPLAINTS

General Information

An individual may draft his or her own complaint to file at the Commission on Human Relations. Nevertheless, the Commission encourages individuals to allow Commission personnel to assist you in drafting a complaint. Commission staff is trained to discuss jurisdictional issues and to draft complaints. However, before coming to the office or attempting to draft your own complaint, we recommend that you call the Commission first. At that time, an investigator can determine whether it appears that the Commission has jurisdiction over the complaint. If we cannot take your complaint, we will save you a trip and we may be able to refer you to another agency.

You may meet with Commission staff by coming to the Commission's office at 740 N. Sedgwick, 4th floor. (The office is one block south of Chicago Avenue and one block west of Orleans.) Filing a complaint often takes about two hours; it can take longer in certain circumstances. For assistance with Complaint filing, Commission staff is available from 9:00 a.m. to 3:00 p.m. on Monday through Friday. Please arrive no later than 3:00 p.m. to ensure that we can complete the filing process before 5:00 p.m.

Requirements about Content

Whether you call, come to the office or prepare your own complaint, *your complaint must include the information required.* This includes:

- You must use the Commission's Complaint form (included in this packet) or a substantial equivalent;
- You must provide enough detail to "substantially apprise" the Respondent/s and the Commission of the timing, location/s and facts with respect to the alleged Ordinance Violation; Specifically, it must contain the following information:
 1. Your own name, telephone number, mailing address, and e-mail address;
 2. The name or other identifier of each person or entity you wish to name as Respondent/s (as differentiated from person/s who may have information or knowledge of matters raised in the document). The term "other identifier" includes, but is not limited to, using a title or designation which identifies the person named, such as "Owner of 1234 Main St." or "President of ABC Company";
 3. The address of each named or identified Respondent sufficient for the Complaint to be served on each Respondent, and the telephone number for each, if known; and
 4. A description of the conduct, policy or practice alleged to constitute the Ordinance Violation sufficient to substantially apprise the Respondent/s and the Commission of the alleged Ordinance Violation, including (if not otherwise provided) the timing and location/s thereof, and the basis or bases of discrimination.

Whichever method you choose to have the complaint drafted, it is your responsibility to file a proper and complete complaint with the Commission within 300 days of the incident or within 365 days of the incident (if it happened on or after June 4, 2022).

General Jurisdictional Requirements

- Complaints must be filed at the Commission within 300 days of the incident or within 365 days of the incident (if on or after June 4, 2022).
- The incident complained of must have occurred in the City of Chicago.
- The injury or harm must concern one of:
 - Employment • Housing • Public Accommodation • Bonding • Credit
- The Complaint must involve at least one of the following types of discrimination (more information below):

Race	Religion	Sex (including sexual harassment & pregnancy)
Color	Age (over 40)	Marital Status
Ancestry	Disability	Parental Status
National Origin	Sexual Orientation	Source of Income
Gender Identity	Military Status	Retaliation
Credit History (employment only)		Retaliation (under Hotel Workers' Ordinance)
Criminal History/Record (employment only)		
Bodily Autonomy Ordinance (housing and employment only)		

There may be other issues which prevent the Commission from investigating a complaint.

• You are responsible for ensuring that the complaint is accurate, complete and sufficient and that it is filed in a timely manner.

Notes Concerning Types of Discrimination:

Race - often used in cases comparing the treatment of African Americans and white individuals. Can also be used for other types of cases.

Color - covers discrimination based on color of skin.

Ancestry - refers to a person's heritage, i.e., the country of one's parents or ancestors. Often used to include being Latino or Latina or Asian. Can be used in other types of cases.

National Origin - refers to the nation from which you have come. For example, it might involve a complaint where a complainant is from Mexico and the comparatives are from Guatemala.

Gender Identity - means the actual or perceived appearance, expression, identity or behavior of a person as being male or female, whether or not it is different from that traditionally associated with the person's designated sex at birth.

Credit History - refers to records of a person's past borrowing and repaying, including information about late payments and bankruptcy. It is applicable only in employment and is subject to many exemptions.

Sex - includes sexual harassment and pregnancy claims as well as discrimination based on sex.

Age - covers only persons 40 and older. If you were 39 years old or younger at the time of the incident/s you complain about, you cannot file an age discrimination claim.

Disability - covers physical and mental disabilities as well as the perception of a disability and the history of a disability.

Sexual Orientation - means a person's actual or perceived sexual and emotional attraction, or lack thereof, to another person.

Religion - means all aspects of religious observance, practice and belief.

Marital Status - the legal status of being single, married, divorced, separated or widowed.

Parental Status - status of living with one or more dependent minor or disabled children.

Source of Income - means the lawful manner by which an individual supports himself or herself and his or her dependents. This covers claims about where your income comes from (wages or salary; government assistance). It does not cover issues about having insufficient income (whatever its source).

Military Status - covers discrimination due to being on active duty, or in any reserve component of any branch of the armed forces of the United States, State of Illinois or any other state; being a veteran of any branch of the armed forces; or the fact of discharge from any such branch of the armed forces and the reasons for such discharge.

Retaliation - covers only persons who are retaliated against for opposing what they reasonably and in good faith believe to be an incident of unlawful discrimination or sexual harassment; or make a charge, filed a complaint, testify, assist, or participate in an investigation, proceeding or hearing with the Commission; or request, attempt to request, use, or attempt to use a public accommodation as allowed in the Chicago Human Rights Ordinance.

Bodily Autonomy Ordinance (housing and employment only) – covers decisions someone makes about their reproductive health care or gender-affirming care.

Organizing the Text of Your Complaint

- A. Number every paragraph.
- B. In the **first paragraph**, identify your relevant characteristic/s. For example, if it is a race case, list what your race is; if it involves disability, indicate what your disability is; if it involves parental status, list the number and ages of your children; if it involves source of income, list where your income comes from.
- C. It is usually best to describe the events chronologically (least recent to most recent).
- D. Your complaint must not exceed 5 pages without leave of the Commission. However, be sure that you describe all the relevant facts.
- E. For the last paragraph of the Complaint, use the following language:

The above conduct constitutes discrimination under Chapter [see below] of the Chicago Municipal Code. [Insert "5-08" for housing cases or insert "6-010" for employment or public accommodation cases].

After that, to keep your options open, state: **[and] I am seeking all relief available under law.**

General Instructions about Text

The following instructions are for your guidance. They are not legal advice and do not attempt to describe discrimination law or what constitutes a sufficient complaint in every circumstance. You may consult with an attorney, but you are not required to do so.

A. Timing – When discussing the incident/s involved in your case, include the date of each incident discussed by month, day and year. If you are unsure of a specific date, note the approximate date by stating "on or about _____."

B. People Involved – When discussing any person involved in your case, spell each name accurately and describe each person's title or role (such as: supervisor; Vice President of Finance; landlord; co-worker; bartender; building manager; owner; etc.)

C. Injury Involved – Describe the incident/s or conduct which you believe occurred due to the discrimination. This is the "injury" and it includes actions such as: discharge from employment; denial of the rental of an apartment; sexual harassment; denial of access to a public accommodation; eviction from an apartment; denial of access to facilities or services, etc.

D. Facts Behind Discrimination – Set forth the specific reason/s which cause you to believe the incident/s or conduct occurred due to discrimination.

1. Describe any comments which were made that you believe demonstrate discrimination. If so, describe the statement or comment and include: the name of the person who made each statement; the date (or the approximate date) it was made; and the name and title of all others who heard the comment.

2. List the name of each person you believe was treated differently in circumstances where you believe they should have been treated the same as you. For each person, list his or her relevant characteristic (for example, if your complaint alleges race discrimination, list each person's race; if it alleges national origin discrimination, list each person's national origin).

3. Describe any other reasons you believe the harm you suffered was due to discrimination.

E. Explanation Given – Describe the reason, if any, the respondent (business/es or person/s you sued) gave for the injury at issue. Explain why you think the reason is an excuse (cover-up) for discrimination.

F. Type/s of Discrimination – If you checked more than one box indicating types of discrimination, be sure you explain how each type of discrimination is involved in your case.

How to File Your Complaint

You may submit your complaint in person, by mail, by facsimile (312/744-1088) or e-mail cchrfilings@cityofchicago.org. A Complaint is deemed filed upon receipt by the Commission; however, if you file by facsimile and the Complaint is received after 5:00 p.m. or on a weekend or holiday, it is deemed received the next working day. Additionally, failure to file the original within 7 days of filing by facsimile or electronic mail shall allow the Commission to invalidate the filing. The Commission shall inform the filer whether the document has been accepted as a Complaint or rejected as a Defective Complaint within 10 days of receiving it. If a filer does not receive either notice, it is his or her responsibility to verify with the Commission that the Commission has received the document within the filing period.

QUESTIONS? CALL 312-744-4474 (employment) or 312-744-5879 (housing & public accommodation)

The Commission will assign a case number when it accepts the complaint → CCHR Case No.: _____



City of Chicago
COMMISSION ON HUMAN RELATIONS
 740 N. Sedgwick, Suite 400, Chicago, IL 60654
 312/744-4111 (Voice), 312/744-1081 (Fax), 312/744-1088 (TDD)
cchrfilings@cityofchicago.org

SAMPLE COMPLAINT (Do not use for your complaint.)

COMPLAINANT'S NAME <i>Your full name here</i>		TELEPHONE <i>Your telephone number here.</i>			
		E-MAIL <i>Your email address here.</i>			
STREET ADDRESS <i>Your complete mailing address here (include your apartment number, if applicable)</i>		CITY, STATE, ZIP CODE			
RESPONDENT'S NAME(S) <i>List name and telephone number of each business, company, and/or individuals you are complaining about here</i>		TELEPHONE			
STREET ADDRESS <i>List the address for each Respondent here – if Respondents have different addresses, specify each address</i>		CITY, STATE, ZIP CODE			
TYPE OF COMPLAINT:	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	<input type="checkbox"/> PUBLIC ACCOMMODATION	<input type="checkbox"/> CREDIT	<input type="checkbox"/> BONDING
CHECK EACH DISCRIMINATION BASIS , and state your status in the space provided. For example, if you claim national origin discrimination, state your national origin. If age, state your age.					
<input type="checkbox"/> RACE	<input type="checkbox"/> SEX <input type="checkbox"/> SEXUAL HARASSMENT		<input type="checkbox"/> DISABILITY		
<input type="checkbox"/> COLOR	<input type="checkbox"/> SEXUAL ORIENTATION		<input type="checkbox"/> AGE (over 40)		
<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> GENDER IDENTITY		<input type="checkbox"/> SOURCE OF INCOME		
<input type="checkbox"/> ANCESTRY	<input type="checkbox"/> MARITAL STATUS		<input type="checkbox"/> MILITARY STATUS		
<input type="checkbox"/> RELIGION	<input type="checkbox"/> PARENTAL STATUS		<input type="checkbox"/> RETALIATION		
<input type="checkbox"/> CREDIT HISTORY (Employment Only)	<input type="checkbox"/> CRIMINAL RECORD/HISTORY (Employment only)		<input type="checkbox"/> RETALIATION (under Hotel Workers Ordinance)		
<input type="checkbox"/> BODILY AUTONOMY ORDINANCE (Housing & Employment Only)					
DATE OF THE ALLEGED DISCRIMINATION Month, day, and year. For <i>latest</i> incident if more than one.					
ALLEGED DISCRIMINATORY CONDUCT.					
<i>Write your allegations here, in numbered paragraphs. Please review the Complaint Drafting Tips, attached to this sample. You may attach up to four additional pages as needed.</i>					
I swear or affirm that I have read this complaint and that it is true and correct to the best of my knowledge, information and belief. I give permission to each named respondent to release to the Commission on Human Relations any records or other evidence relevant to the allegations in this complaint, including but not limited to internal investigations, personnel records, and medical records.					
COMPLAINANT SIGNATURE:			DATE SIGNED (month/day/year)		



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www.Chicago.gov/cchr, cchrfilings@cityofchicago.org

COMPLAINT

COMPLAINANT'S NAME		TELEPHONE	
		E-MAIL	
STREET ADDRESS		CITY, STATE, ZIP CODE	
RESPONDENT'S NAME(S)		TELEPHONE	
STREET ADDRESS		CITY, STATE, ZIP CODE	
TYPE OF COMPLAINT:	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	<input type="checkbox"/> PUBLIC ACCOMMODATION
	<input type="checkbox"/> CREDIT	<input type="checkbox"/> BONDING	
CHECK EACH DISCRIMINATION BASIS , and state your status in the space provided. For example, if you claim national origin discrimination, state your national origin. If age, state your age.			
<input type="checkbox"/> RACE	<input type="checkbox"/> SEX	<input type="checkbox"/> DISABILITY	
	<input type="checkbox"/> SEXUAL HARASSMENT		
<input type="checkbox"/> COLOR	<input type="checkbox"/> SEXUAL ORIENTATION	<input type="checkbox"/> AGE (over 40)	
<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> GENDER IDENTITY	<input type="checkbox"/> SOURCE OF INCOME	
<input type="checkbox"/> ANCESTRY	<input type="checkbox"/> MARITAL STATUS	<input type="checkbox"/> MILITARY STATUS	
<input type="checkbox"/> RELIGION	<input type="checkbox"/> PARENTAL STATUS	<input type="checkbox"/> RETALIATION	
<input type="checkbox"/> CREDIT HISTORY (Employment Only)	<input type="checkbox"/> CRIMINAL RECORD/HISTORY (Employment only)	<input type="checkbox"/> RETALIATION (Under Hotel Workers Ordinance)	
<input type="checkbox"/> BODILY AUTONOMY ORDINANCE (Housing & Employment Only)			
DATE OF THE ALLEGED DISCRIMINATION			
Month, day, and year. For <i>latest</i> incident if more than one.			
ALLEGED DISCRIMINATORY CONDUCT.			
I swear or affirm that I have read this complaint and that it is true and correct to the best of my knowledge, information and belief. I give permission to each named respondent to release to the Commission on Human Relations any records or other evidence relevant to the allegations in this complaint, including but not limited to internal investigations, personnel records, and medical records.			
COMPLAINANT SIGNATURE:		DATE SIGNED (month/day/year)	

CCHR CASE NO:



BACKGROUND FORM

(THIS IS NOT A COMPLAINT)

A. Individual's Information

1. Name: _____
Address: _____
City: _____ State _____ Zip Code: _____
Telephone Numbers: Home () _____ Other () _____
E-mail: _____

2. Contact Person – List a **person who will be able to contact you** if our office is unable to reach you. **Choose a person who has an address different from yours.** (If you do not provide this information and the Commission is unable to locate you, your case may be dismissed)

Name of Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code _____
Telephone Numbers: Home () _____ Other () _____

B. Statistical Information: The information you provide is required, in part, by Federal rules* and will be used to monitor and assess our progress in achieving our equity goals, such as improving our outreach.

- *Number of people in your household: _____
- *Your Annual Income: __Under \$25,000 __\$25,000-\$49,999 __\$50,000-\$74,999 __Over \$75,000
- Your Gender: _____
- Your Date of Birth _____
- Your Race/Ethnicity:

Black/African American__ Hispanic/Latino/Latina/Latinx__ Asian__ White__

American Indian/Alaskan Native__ Native Hawaiian/Other Pacific Islander__

Black/African American & White__ Hispanic/Latino/Latina/Latinx & White__ Asian & White__

Other Multi-Racial (Please provide): _____

C. Other Information

1. Describe how you learned about the Commission on Human Relations: _____

2. List any other agencies (if any) at which you filed this same complaint. _____

