City of Chicago 740 N. Sedgwick, Suite 400, Chicago, IL 60654 COMMISSION ON HUMAN RELATIONS Phone 312-744-4111, Fax 312-744-1081, TTY 312-744-1088 www.cityofchicago.org/humanrelations

## **BACKGROUND FORM**

(THIS IS <u>NOT</u> A COMPLAINT)

A. Individual's Information
1. Name:
Address:
City: State Zip Code:
Telephone Numbers: Home ( ) Other ( )
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 ( )
3. Your Gender: Your Date of Birth:
4. Your Race: White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Asian & White Black/African American & White Other Multi-Racial
B. Statistical Information (If your complaint does NOT involve HOUSING, skip to Section C)
*Required by Federal rules <i>unless</i> your complaint is <u>based on</u> your Section 8 Housing Choice Voucher.
*Number of people in your household:
*Your Annual Income:Under \$25,000 \$25,000-\$49,999 \$50,000-\$74,999 Over \$75,000
C. Other Information
Describe how you learned about the Commission on Human Relations:
2. List any other agencies (if any) at which you filed this same complaint

1) Full Name:		
Street Address:		<del>-</del>
		Zip Code:
Telephone Number ( )		
2) If the Respondent has a <b>home offic</b> e address and telephone number for that		rs other than at the address listed above, provide the
Street Address:		
City:	State:	Zip Code:
E. Information about Your Claim/s		
1) Check (T) each type of discriminat	<b>ion</b> you believe is	s involved:
( ) Race		( ) Color
( ) Marital Status		( ) Age (over 40)
( ) National Origin	<del></del>	( ) Source of Income
( ) Ancestry		( ) Parental Status
( ) Sexual Orientation		( ) Religion
( ) Disability	<del></del>	( ) Military Discharge Status
( ) Sex		( ) Gender Identity
Check if:		( ) Credit History (employment only)
<ul><li>( ) sexual harassment or</li><li>( ) pregnancy-related</li></ul>		<ul><li>( ) Criminal History (employment only)</li><li>( ) Retaliationonly if you were involved in a prior CHR case.</li></ul>
2) Briefly describe <i>how Respondent l</i>	<b>earned</b> about eac	ch of the categories you listed above:
3) Briefly describe the <i>actual incident</i>	(s) of discrimination	on you are claiming (include all relevant dates):
<del>-</del>		