The Commission shall assign a case number once the Complaint is filed.

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

COMPLAINANT'S NAME
Your full name here

TELEPHONE
Your telephone number here

STREET ADDRESS
Your address here

CITY, STATE, ZIP CODE:

RESPONDENT NAME(S)
List name and telephone number of each business, company, and/or individuals you are complaining about here

TELEPHONE

STREET ADDRESS:
List the address for each Respondent here – if Respondents have different addresses, specify each address

CITY, STATE, ZIP CODE:

TYPE OF COMPLAINT:

☐ EMPLOYMENT

☐ HOUSING

☐ PUBLIC ACCOMMODATION

☐ CREDIT

☐ BONDING

CHECK EACH DISCRIMINATION BASIS CLAIMED, 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.

☐ RACE

☐ SEX

☐ DISABILITY

☐ COLOR

☐ SEXUAL ORIENTATION

☐ AGE (over 40)

☐ NATIONAL ORIGIN

☐ GENDER IDENTITY

☐ SOURCE OF INCOME

☐ ANCESTRY

☐ MARITAL STATUS

☐ MILITARY STATUS

☐ RELIGION

☐ PARENTAL STATUS

☐ RETALIATION for filing CCHR complaint or participating in proceedings

☐ CREDIT HISTORY (Employment only)

☐ CRIMINAL RECORD/HISTORY (Employment only)

DATE OF THE ALLEGED DISCRIMINATION
Month, day, and year. For latest incident if more than one.

ALLEGED DISCRIMINATORY CONDUCT. In chronological order, describe each discriminatory action taken against you. Use separate numbered paragraphs. For each action, state the date/s it occurred, where it occurred, what happened, and the name and title of the person who did it. You may attach up to four additional sheets to complete your allegations.

Please review Drafting Complaints, attached to this sample. You may attach up to four additional pages as needed.

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. This complaint consists of ___ pages including this page.

COMPLAINANT SIGNATURE: __________________________ DATE SIGNED (month/day/year)
The Commission shall assign a case number once the Complaint is filed.

CCHR CASE NO:_______