



**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](mailto:cchrfilings@cityofchicago.org)

**SAMPLE COMPLAINT**

<b>COMPLAINANT'S NAME</b> <i>Your full name here</i>		<b>TELEPHONE</b> <i>Your telephone number here</i>			
<b>STREET ADDRESS</b> <i>Your address here</i>		<b>CITY, STATE, ZIP CODE:</b>			
<b>RESPONDENT NAME(S)</b> <i>List name and telephone number of each business, company, and/or individuals you are complaining about here</i>		<b>TELEPHONE</b>			
<b>STREET ADDRESS:</b> <i>List the address for each Respondent here – if Respondents have different addresses, specify each address</i>		<b>CITY, STATE, ZIP CODE:</b>			
<b>TYPE OF COMPLAINT:</b>	<input type="checkbox"/> EMPLOYMENT	<input checked="" type="checkbox"/> HOUSING	<input type="checkbox"/> PUBLIC ACCOMMODATION	<input type="checkbox"/> CREDIT	<input type="checkbox"/> BONDING
<b>CHECK EACH DISCRIMINATION BASIS CLAIMED</b> , 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"/> 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 for filing CCHR complaint or participating in proceedings		
<input type="checkbox"/> CREDIT HISTORY (Employment only)	<input type="checkbox"/> CRIMINAL RECORD/HISTORY (Employment only)				
<b>DATE OF THE ALLEGED DISCRIMINATION</b> Month, day, and year. For <i>latest</i> incident if more than one.					
<b>ALLEGED DISCRIMINATORY CONDUCT.</b> 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.					
<i>Please review Drafting Complaints, 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. This complaint consists of ___ pages including this page.					
<b>COMPLAINANT SIGNATURE:</b>				<b>DATE SIGNED</b> (month/day/year)	

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

CCHR CASE NO: \_\_\_\_\_

--