



**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)

**COMPLAINT**

|  |   |                                   |   |                                 |                                  |
|--|---|-----------------------------------|---|---------------------------------|----------------------------------|
| <b>COMPLAINANT'S NAME</b>  |   | <b>TELEPHONE</b>                  |   |                                 |                                  |
| <b>STREET ADDRESS</b>  |   | <b>CITY, STATE, ZIP CODE:</b>     |   |                                 |                                  |
|  |   | <b>E-MAIL ADDRESS (OPTIONAL):</b> |   |                                 |                                  |
| <b>RESPONDENT NAME(S)</b>  |   | <b>TELEPHONE</b>                  |   |                                 |                                  |
| <b>STREET ADDRESS:</b>   |   | <b>CITY, STATE, ZIP CODE:</b>     |   |                                 |                                  |
| <b>TYPE OF COMPLAINT:</b>  | <input type="checkbox"/> EMPLOYMENT                                   | <input type="checkbox"/> HOUSING  | <input type="checkbox"/> PUBLIC ACCOMMODATION                         | <input type="checkbox"/> CREDIT | <input type="checkbox"/> BONDING |
| <b>CHECK EACH DISCRIMINATION BASIS</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                                  |                                 |                                  |
| <input type="checkbox"/> CREDIT HISTORY<br>(Employment Only)   | <input type="checkbox"/> CRIMINAL RECORD/HISTORY<br>(Employment only) |                                   | <input type="checkbox"/> RETALIATION under<br>Hotel Workers Ordinance |                                 |                                  |
| <b>DATE OF THE ALLEGED DISCRIMINATION</b><br>Month, day, and year. For <i>latest</i> incident if more than one.  |   |                                   |   |                                 |                                  |
| <b>ALLEGED DISCRIMINATORY CONDUCT.</b>   |   |                                   |   |                                 |                                  |
|  |   |                                   |   |                                 |                                  |
| 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. |   |                                   |   |                                 |                                  |
| <b>COMPLAINANT SIGNATURE:</b>  |   |                                   | <b>DATE SIGNED</b> (month/day/year)                                   |                                 |                                  |

CCHR CASE NO: