# CCHR COMPLAINT FORM

**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

## COMPLAINT

<table>
<thead>
<tr>
<th>COMPLAINANT'S NAME</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>CITY, STATE, ZIP CODE:</td>
</tr>
<tr>
<td>E-MAIL ADDRESS (OPTIONAL):</td>
<td></td>
</tr>
<tr>
<td>RESPONDENT NAME(S)</td>
<td>TELEPHONE</td>
</tr>
<tr>
<td>STREET ADDRESS:</td>
<td>CITY, STATE, ZIP CODE:</td>
</tr>
</tbody>
</table>

### TYPE OF COMPLAINT:
- [ ] EMPLOYMENT  
- [ ] HOUSING  
- [ ] PUBLIC ACCOMMODATION  
- [ ] CREDIT  
- [ ] 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.

- [ ] 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

- [ ] CREDIT HISTORY  
- [ ] CRIMINAL RECORD/HISTORY  
- [ ] RETALIATION under Hotel Workers Ordinance

### DATE OF THE ALLEGED DISCRIMINATION

Month, day, and year. For latest incident if more than one.

### ALLEGED DISCRIMINATORY CONDUCT.

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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)