



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)
www.Chicago.gov/cchr, cchrfilings@cityofchicago.org

COMPLAINT

COMPLAINANT'S NAME		TELEPHONE	
		E-MAIL	
STREET ADDRESS		CITY, STATE, ZIP CODE	
RESPONDENT'S NAME(S)		TELEPHONE	
STREET ADDRESS		CITY, STATE, ZIP CODE	
TYPE OF COMPLAINT:	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	<input type="checkbox"/> PUBLIC ACCOMMODATION
			<input type="checkbox"/> CREDIT
			<input type="checkbox"/> 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.			
<input type="checkbox"/> RACE	<input type="checkbox"/> SEX	<input type="checkbox"/> DISABILITY	
	<input type="checkbox"/> SEXUAL HARASSMENT		
<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 (Employment Only)	<input type="checkbox"/> CRIMINAL RECORD/HISTORY (Employment only)	<input type="checkbox"/> RETALIATION (Under Hotel Workers Ordinance)	
<input type="checkbox"/> BODILY AUTONOMY ORDINANCE (Housing & Employment Only)			
DATE OF THE ALLEGED DISCRIMINATION			
Month, day, and year. For <i>latest</i> incident if more than one.			
ALLEGED DISCRIMINATORY CONDUCT.			
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)	

CCHR CASE NO: