



KWAME RAOUL

Illinois Attorney General
Civil Rights Bureau
115 S. LaSalle St.
Chicago, IL 60603
312-814-3400
1-877-581-3692

www.IllinoisAttorneyGeneral.gov

Fill out the form online and click submit at the end of the form to send by email or print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION:

Name: Mr. Mrs. Ms. (check one)

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Your Telephone Number:

Daytime: _____ Ext: _____

Evening: _____ Ext: _____

Cell: _____

Your e-mail address: _____

Preferred phone number(s) for communications with our office regarding your complaint:

Daytime Phone Evening Phone Cell Phone

PERSON OR ENTITY YOU ARE COMPLAINING ABOUT:

Name: _____

Type of Facility (Examples include: restaurant, hotel, doctor's office): _____

Contact Person (Examples include: supervisor, manager): _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____ Ext.: _____

Website: _____

Are you currently employed by the entity you are complaining about?

Yes No

The Discrimination you experienced is based on [check appropriate box(es)]:

- | | | | |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Order of Protection Status |
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Citizenship Status | <input type="checkbox"/> Military Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Unfavorable Discharge from Military |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Arrest Record | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Ancestry | _____ |

Please describe your problem or concern. Please include dates, names and contact information: _____

How were others in your situation treated? _____

Do you have witnesses who have information about your problem or concern? If so, state their names, addresses and phone numbers and the pertinent information they can provide.

Name: _____

Address: _____

Phone Number: _____

Information the witness will provide: _____

Name: _____

Address: _____

Phone Number: _____

Information the witness will provide: _____

Name: _____

Address: _____

Phone Number: _____

Information the witness will provide: _____

Do you have any documents or other evidence to support your claim of discrimination? Yes No
If so, please attach copies.

PLEASE DO NOT SEND ORIGINALS.

Have you filed a lawsuit or a charge of discrimination with any other agency, company, or group?

Yes No If your answer is yes, when? _____

Name of Entity: _____

Charge Number (if applicable): _____

What was the outcome? _____

Have you resolved your complaint through a formal or informal grievance procedure?

Yes No If your answer is yes, with whom? _____

What was the outcome? _____

READ THE FOLLOWING BEFORE SIGNING BELOW:

The Illinois Attorney General cannot obtain financial compensation on your behalf. You may also file a complaint with other government agencies, including the Illinois Department of Human Rights (IDHR), the Equal Employment Opportunity Commission (EEOC), the U.S. Department of Housing and Urban Development (HUD), or the U.S. Department of Education's Office for Civil Rights [OR, FOR DISABILITY-RELATED COMPLAINTS, THE U.S. DEPARTMENT OF JUSTICE, CIVIL RIGHTS DIVISION, DISABILITY RIGHTS SECTION]. Complaints with IDHR must be filed within 300 days of the discrimination, or within one year for housing-related complaints.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public to enforce laws designed to protect the public from patterns and practices of discrimination or discriminatory practices. I agree that the Attorney General's Office may use its discretion to determine whether an investigation is warranted, and I have no objection to the contents of this complaint being shared with the person or entity that I am complaining about. I understand that, if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I also understand that, under most circumstances, my complaint, and any documents submitted with my complaint, *may* be considered a public record and *may be* available to a member of the public upon request, subject to the exemptions provided under the Freedom of Information Act, 5 ILCS 140/7 and 5 ILCS 140/7.5.

I certify that I have read this complaint, and that the information that I have provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

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