



# KWAME RAOUL

Illinois Attorney General  
Civil Rights Bureau  
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Chicago, IL 60603  
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1-877-581-3692

[www.IllinoisAttorneyGeneral.gov](http://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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