



Office Use Only:	Control No:	Inv. Init.
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Date: \_\_\_\_\_

**Instructions: Read this entire form carefully before completing.** Answer all questions and use additional sheets if necessary. This form must be signed and dated on page 4, and postmarked or received by IDHR within **2 years** (300 days if cross-filing with EEOC) of the date of the alleged discrimination. **THIS IS NOT A FORMAL CHARGE.** IDHR must determine if Illinois law covers your complaint before we can investigate. If IDHR accepts your claim, we will send you a formal charge document for signature.  
[Return this form by email to IDHR.Intake@illinois.gov](mailto:IDHR.Intake@illinois.gov) or by mail, fax or in person. [Find all contact information at dhr.illinois.gov](http://dhr.illinois.gov).

**NOTE: If your alleged complaint of discrimination is related to Housing, e.g., in buying or renting a house or apartment, or experiencing a refusal to a request to modify your housing, please STOP and fill out an IDHR Housing Complainant Information Sheet (CIS).**

**1. COMPLAINANT INFORMATION** This is you, the person who alleges they were discriminated against. NOTE: If you are under age 18, check this box.

Name:	Phone No:	Alt. Phone No:
Address:	Apt No:	City, State, ZIP:
E-Mail:	<input type="checkbox"/> E-Mail Consent: By checking this box, I consent to service of notices by IDHR via email.	

Please provide the following information for statistical purposes only.

Country of National Origin:	Date of Birth:	Sex:
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**2. WHO CAN WE CALL IF WE CANNOT CONTACT YOU?** Make sure their mailing addresses are different from your mailing address. Your charge could be dismissed if you do not provide this information and we are unable to locate you.

First Contact Name:	Phone No:		
Address:	City:	State:	ZIP:
Second Contact Name:	Phone No:		
Address:	City:	State:	ZIP:

**3. RESPONDENT INFORMATION** Write out the full legal name of the company or organization that you believe discriminated against you in Illinois (i.e. the Respondent). (Employer, Employment Agency, Financial Institution, Union, Place of Public Accommodation, School or University, etc.)

Name:	Address:		
City:	State:	ZIP:	Phone No:
County:	Website:		

**4. WHAT IS YOUR RELATIONSHIP WITH THE RESPONDENT**

- EMPLOYMENT:** Respondent is my Employer / Former Employer / Potential Employer.  
REQUIRED, IF EMPLOYMENT: If the Respondent is an employer, do they employ 15 or more employees in the United States? Yes No
- FINANCIAL CREDIT:** Respondent is a Financial Institution, such as a bank or an insurance company, to which I applied for an account or line of credit.
- PUBLIC ACCOMMODATIONS:** Respondent is a Public Entity or Place of Business, such as a Store, Restaurant, Public Park, Educational Program, or Public Official, and has denied me a service or access or has subjected me to pervasive harassment.
- EDUCATION (SEXUAL HARASSMENT or HARASSMENT):** Respondent is or represents an Educational Institution in which I (or my minor child) am currently, recently, or I have applied to be enrolled that I believe has sexually harassed or harassed me (or my minor child), or has retaliated against me (or my minor child) for reporting, opposing or for participating in an investigation of sexual harassment or harassment.

What type of business or organization is the Respondent? For example, a Private Employer, Public or Non-Profit Organization, Government, School or University (specify Public or Private, and grade level, etc., and your current enrollment status), Employment Agency, Municipality, Union, Bank, Insurance Company, Individual, etc.	Office Use Only
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**5. DESCRIPTION OF THE ISSUES AND BASES YOU ARE REQUESTING IDHR TO INVESTIGATE**

Each of your COMPLAINTS of discrimination must contain two (2) parts: the ISSUE and the BASIS.

- The ISSUE is the harm or action that was taken against you. (Such as being discharged from your employment or being denied access to a public service.)
- The BASIS is the legally protected class you believe is the reason for the action that was taken against you. Your complaint can have multiple bases.
- **IDHR can only investigate ISSUES alleging one or more of the following specific BASES of discrimination:**

- |                                   |                                 |  |                             |
|-----------------------------------|---------------------------------|--|-----------------------------|
| • Age (+40)                       | • Marital Status                | • Retaliation (Opposing Unlawful Discrimination) | <u>Employment Only</u>      |
| • Ancestry                        | • National Origin               | • Sex  | ○ Citizenship Status        |
| • Arrest Record                   | • Order of Protection Status    | • Sexual Harassment                              | ○ Family Responsibilities   |
| • Conviction Record               | • Pregnancy                     | • Sexual Orientation /Gender Identity            | ○ Language                  |
| • Color (Skin Tone/Complexion)    | • Race                          | • Military Status                                | ○ Work Authorization Status |
| • Disability (Physical or Mental) | • Religion                      | • Unfavorable Military Discharge                 |                             |
|                                   | • Reproductive Health Decisions |  |                             |

**1st COMPLAINT:** Describe the ISSUE/HARM (as described above). Be specific and concise.

BASIS:(as described above) Date(s) of ISSUE/HARM:

Name and Job Title of the person who committed the action or gave you this information:

Why do you feel discriminated against because of the BASIS you have identified, or how has this action created a hostile or offensive environment?

**2nd COMPLAINT:** Describe the ISSUE/HARM (as described above). Be specific and concise.

**BASIS:** (as described above) Date(s) of ISSUE/HARM:

Name and Job Title of the person who committed the action or gave you this information:

Why do you feel discriminated against because of the BASIS you have identified, or how has this action created a hostile or offensive environment?

**6. IF YOU HAVE BEEN EMPLOYED BY THE RESPONDENT, PLEASE FILL IN THE FOLLOWING:**

Your Job Title: Supervisor:

Please use additional sheets as necessary to provide the above information for each complaint or to add additional complaints.

**7A. If you are filing based on SEXUAL HARASSMENT in EMPLOYMENT or EDUCATION:**

Name of the harasser:

Job Title of harasser:	Address:
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City:	State:	ZIP:	Phone No:
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Do you want the harasser charged separately as an additional Respondent?                      Yes                      No

Identify the date(s) and describe the action(s) taken against you. Use additional sheets, if necessary. Common examples include: Unwelcome sexual advances, Requests for sexual favors, Quid pro quo (actions contingent upon sexual conduct) or creating a hostile or offensive environment.

When and how did you reject the conduct or make it known that the conduct was unwelcome?

**7B. If you are filing based on PHYSICAL DISABILITY or MENTAL DISABILITY:**

Describe your medically diagnosed disability/disabilities. Explain when and how the Respondent learned about your disability/disabilities:

**7C. If you are filing based on RETALIATION:**

Name of the retaliator:	Job Title of retaliator:
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Was the retaliation against you within the normal job duties of the retaliator?                      Yes                      No  
 NOTE: If "Yes", IDHR does not have jurisdiction over the individual retaliator.

If "No", do you want the retaliator charged separately as an additional Respondent?                      Yes                      No

Provide contact information for the retaliator.	Address:
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City:	State:	ZIP:	Phone No:
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State how you opposed unlawful discrimination: (i.e., testified at a discrimination hearing, filed a prior discrimination complaint, or complained about unlawful discrimination). Include dates, charge numbers, and/or the name or title of the person to whom you complained.

**7D. If your complaint involves DENIAL OF FINANCIAL CREDIT:** Explain your understanding of the qualifications necessary to obtain credit from the institution, and how you met those qualifications:

**8. HAVE YOU FILED A GRIEVANCE OR COMPLAINT INTERNALLY WITH THIS RESPONDENT?**  
 (Such as a Human Resources Department, Manager, Customer Service Center, Union, Advocacy Group, or Guidance Counselor)

If "Yes", to whom did you submit the complaint (name and job title), on what date(s), and what were the results of your complaint thus far?

**9. HAVE YOU FILED A PREVIOUS CHARGE AGAINST THIS RESPONDENT WITH IDHR OR ANOTHER INVESTIGATORY AGENCY OR COMMISSION?** (Such as the EEOC, US Dept. of Education, or the US Dept. of Labor)

Yes	No	If "Yes", when?	Charge Number(s):
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**10. MEDIATION:** IDHR offers free mediation, where a neutral person will talk to you and the Respondent to see if your complaint can be resolved before an investigation. If both parties agree to participate, mediation may resolve your case faster. Mediation conferences are held at IDHR's Chicago office or virtually/online. If the case is not resolved at Mediation, the case will be investigated.

Are you interested in Mediation?      Yes              No                              [Learn more about IDHR's Mediation Program at dhr.illinois.gov](http://dhr.illinois.gov)

**11. ASSISTANCE:** Do you need special assistance from IDHR to communicate with you about this matter?

- Non-English language or sign language interpreter (specify language) \_\_\_\_\_
- Disability assistance (specify assistance) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**IDHR Notice of Accessibility**

IDHR is accessible to persons with disabilities in compliance with the ADA and the Rehabilitation Act of 1973. A person needing an accommodation to participate in IDHR programs should contact the ADA Coordinator at: 312-814-6262, 866-740-3953 (TTY), or e-mail [IDHR.ADA@illinois.gov](mailto:IDHR.ADA@illinois.gov). IDHR provides interpreters upon request for sign language and for languages other than English. If a party chooses to use their own interpreter, the interpreter must be at least 18 years of age and able to communicate effectively in both languages. For information, email [IDHR.LEP@illinois.gov](mailto:IDHR.LEP@illinois.gov).

**Notice to complainant on release of identity and personal information**

The Illinois Human Rights Act ("Act"), 775 ILCS 5/1-101 *et seq.*, and IDHR's Rules and Regulations, 56 Ill. Admin. Code, Ch. II, Section 2520.330, require a charge to contain certain information in such detail as to substantially apprise the parties of the time, place, and facts with respect to the alleged civil rights violation. Pursuant to IDHR's Rules and Regulations (2 Ill. Admin Code, Ch. X, Section 926.210), anyone who submits information to IDHR in connection with a discrimination charge should take notice and be aware of the following. During IDHR's investigation:

- (a) All contents and files maintained by IDHR pertaining to charges shall be confidential and not subject to public disclosure. Relevant exceptions are:
  - (1) the parties and non-parties to a charge may inspect the file at any time subsequent to the written notice of substantial evidence, default, or dismissal, administrative closure, or approval of terms of settlement by the Human Rights Commission ("Commission");
  - (2) after the filing of a Complaint with the Commission or the institution of judicial proceedings involving a charge, the Director may release information pertaining to the charge if such information is requested of IDHR or if the Director finds such information newsworthy, useful in education or training, relevant to an issue before the General Assembly, or similarly appropriate for disclosure.
- (b) Authorized personnel within IDHR analyze information that IDHR collects. This information may include personal information. IDHR staff may need to reveal some of the personal information to individuals outside the office in order to verify facts related to the charge, or to discover new facts which will help IDHR to determine whether the law has been violated. IDHR may need to disclose to Respondent correspondence that IDHR receives from Complainant or other sources.
- (c) After the completion of the investigation, IDHR may release the investigation file, which includes the identity and personal information of the parties pursuant to a Freedom of Information Act ("FOIA") request, a subpoena or a court order, and information submitted to or obtained by IDHR may also be revealed to persons outside of IDHR to enforce a Commission Order or a settlement agreement.
- (d) No person is required to file a charge with IDHR and reveal personal information to IDHR; however, if a person files a charge and IDHR cannot obtain the information needed to fully investigate the allegations in the charge, IDHR may close the case.

**CONSENT AGREEMENT AND RELEASE**

I have read the provided "Notice to Complainant" and I understand that:

- 1) If my charge is regarding employment, IDHR may also file my charge of discrimination with EEOC if it has jurisdiction. This filing **must** be received by IDHR within 300 days of the alleged discriminatory act for EEOC to have jurisdiction. I also grant authorization for the EEOC to investigate the discrimination claims mentioned above; 2) In the course of investigating my charge, IDHR will reveal my identity (including my name) and my personal information to named Respondent(s) in my charge to obtain facts and evidence regarding my charge; 3) I do not have to reveal my personal information to IDHR, but IDHR may close my charge if I refuse to reveal information needed to fully investigate my charge; 4) IDHR may be required by law, subpoena, court order, and/or FOIA request to disclose my charge and information in IDHR's investigation file concerning my charge to persons outside of IDHR.

If IDHR takes a charge based on the information provided, I consent for IDHR to disclose my identity and personal information as necessary to process and investigate my charge, and I release IDHR from any liability whatsoever concerning disclosure of my identity and any personal information I provided to IDHR or IDHR obtained in processing my charge.

**My signature below verifies the accuracy of the information provided herein and my consent and release as indicated above.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If there is certain personal information you would like withheld, please discuss your concern with an Intake supervisor.