

**STATE OF ILLINOIS
HUMAN RIGHTS COMMISSION**

IN THE MATTER OF:

Complainant(s),

v.

Respondent(s).

IDHR Charge No.: _____

EEOC or HUD No.: _____

COMPLAINT OF CIVIL RIGHTS VIOLATIONS

The Complainant named above alleges that the Respondent(s) committed the following violations of the Illinois Human Rights Act, 775 ILCS 5/1-101 *et seq.*:

PARAGRAPH ONE:

My name is: _____

PARAGRAPH TWO:

Respondent's name is: _____

PARAGRAPH THREE:

I first contacted the Illinois Department of Human Rights to report a potential violation of the Illinois Human Rights Act on the following date: _____.

PARAGRAPH FOUR:

By checking the box that follows this paragraph, I am confirming that I have attached to this Complaint a copy of the verified charge that was previously pending for investigation before the Illinois Department of Human Rights, the allegations of which are incorporated into this Complaint: ☐

PARAGRAPH FIVE:

On the date indicated here: _____, I was informed:

(Please choose only one)

☐ that the Illinois Department of Human Rights had entered a finding of “substantial evidence” on my charge;

OR

☐ that the time to investigate my charge had expired.

PARAGRAPH SIX:

I believe that I have been affected by the following unlawful conduct under the Illinois Human Rights Act:

(Please check all that apply)

☐ DISCRIMINATION

☐ HARASSMENT

☐ SEXUAL HARASSMENT

☐ RETALIATION

PARAGRAPH SEVEN:

I believe that the unlawful treatment indicated above was based on the following protected characteristic(s) (e.g., race, gender, age, disability, national origin, etc.):

In connection with the civil rights violations that I am asserting under the Illinois Human Rights Act, I identify as a member of following protected group(s):

PARAGRAPH EIGHT:

I allege that Respondent committed civil rights violations under the Illinois Human Rights Act by taking the following unlawful actions:

(Please state precisely how Respondent violated the Illinois Human Rights Act by providing the details of any discrimination, harassment, sexual harassment, or retaliation you experienced. In so doing, please give the “who, what, when, where, why, and how” of your allegations and describe any evidence that you believe demonstrates that Respondent acted unlawfully based on your protected characteristics.)

PARAGRAPH NINE:

The individuals responsible for the civil rights violations that I am alleging in this matter include:

PARAGRAPH TEN:

(If applicable)

I allege that Respondent treated me differently than the following individuals who were not members of the protected group(s) to which I belong:

PARAGRAPH ELEVEN:

(If applicable)

I allege that Respondent treated me differently than the individuals identified in Paragraph Ten by taking the following unequal actions:

PARAGRAPH TWELVE:

I allege that as a direct and proximate result of the civil rights violations committed by Respondent under the Illinois Human Rights Act, I suffered damages. I may further have incurred (or will incur) attorneys' fees and costs in bringing and maintaining this action.

RELIEF REQUESTED

I hereby request the Illinois Human Rights Commission to enter judgment in my favor, and to further enter an order providing for the following forms of relief or penalties that are available under the Illinois Human Rights Act:

(Please indicate all forms of relief that you are seeking in this matter under 775 ILCS 5/8A-104 or 775 ILCS 5/8B-104.)

VERIFICATION BY CERTIFICATION

Under penalties as provided by law pursuant to 735 ILCS 5/1-109, the undersigned certifies—under penalty of perjury—that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief, and as to such matters the undersigned certifies as aforesaid that he or she verily believes the same to be true.

Complainant's E-Signature Confirming Verification by Certification

Complainant's Legibly Printed Name: _____

Date: _____

SERVICE

I request the Illinois Human Rights Commission to serve a copy of this complaint on the Respondent(s) by sending it to:

Name of Person to Be Served:

Law Office (If Applicable):

Official Title:

Street Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Complainant Information:

Your Name:

Street Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

PLEASE NOTE: PURSUANT TO 775 ILCS 5/7A-102(G)(2), YOU ARE REQUIRED TO SERVE A COPY OF YOUR COMPLAINT ON THE ILLINOIS DEPARTMENT OF HUMAN RIGHTS WITHIN TWENTY-ONE (21) DAYS OF THE DATE YOU FILE YOUR COMPLAINT WITH THE ILLINOIS HUMAN RIGHTS COMMISSION.

Illinois Department of Human Rights
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