

EMPLOYMENT DISCRIMINATION COMPLAINT INTAKE FORM

Please provide the information requested below as accurately and completely as possible. Doing so will allow us to make a proper determination regarding your potential lawsuit. All information you provide is confidential and will be used only for the purpose of our making an initial determination of your case.

Please print legibly.

Today's date: _____

1. PERSONAL INFORMATION

Last Name: _____

First Name: _____

Middle Name/Initial: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Social Security Number: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other Phone: _____

2. CONTACT INFORMATION (someone who does not live with you and will know how to contact you).

Last Name: _____

First Name: _____

Middle Name/Initial: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Please note: if any of the above information should change, please notify this office immediately. Your charge could be dismissed if you do not provide this information and we are unable to locate you.

3. FILING INFORMATION

Have you filed this complaint with any other agency? Yes () No ()

If so, which one and on what date? _____

4. RESPONDENT INFORMATION (the respondent is the person, agency, company, etc., that you believe discriminated against you in Illinois.

Respondent Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

No. of employees: _____

Name and Title of Chief Executive: _____

Type of Respondent that you believe discriminated against you in Illinois:

_____ Private Company _____ Employment Agency

_____ Educational Institution: public () private ()

_____ Union

_____ Government Agency: federal () state () county () city ()

What is the nature of the business of the Respondent:

_____ retail (specify)

_____ government (specify)

_____ manufacturing (specify)

_____ health care (specify)

_____ other (specify)

Does the Respondent have a total of **15 or more** people working in the State of Illinois? Consider all locations. Yes () No () Approximate total number in Illinois: _____

Does the named Respondent employ you now: yes () no ()

Relative to your employment with Respondent, please provide the following information:

Date hired: day (if known) _____ month _____ year _____

Position when hired: _____

Most recent job title: _____

Were you on probation: yes () no ()

Present or last salary: _____

Department: _____

Immediate Supervisor's name and title: _____

5. BASIS AND ISSUE OF DISCRIMINATION

You believe that the action(s) taken against you was (were) because of your:

_____ age (over 40) _____ religion

_____ sexual orientation _____ disability

_____ national origin or ancestry _____ sex

_____ race/color _____ retaliation

Indicate each issue (harm) which you would like us to investigate.

_____ failure to hire _____ failure to promote _____ layoff

_____ demotion _____ transfer _____ discharge

_____ constructive discharge (forced to resign) _____ job eliminated _____ failure to recall

_____ harassment _____ sexual harassment _____ hostile environment

unequal pay/compensation warning suspension
 failure to accommodate (applies to handicap and religion only)
 other (specify) _____

6. COMPLAINT STATEMENT

Explain why you feel you were discriminated against because of the basis identified above. List each action that you believe was discriminatory. Be specific regarding who, what, when and where. State why you believe that the treatment you received was because of the basis that you checked above.

Describe how others in your situation were treated. Include their names and job titles. If relevant, provide the names and job titles of persons who you believe were treated more favorably than you because you belong to the category checked above. Include the category (race, gender, age, etc.) of the person(s) against whom you are comparing yourself.

Add all pertinent information. If you have relevant documents, please attach them at the end of this form. Use as many additional pages as necessary for additional issues and bases.

7. REFUSAL INFORMATION

If you were refused a job, promotion, transfer, etc., please complete as many of the following as you can:

Title of job sought: _____

Did you apply verbally or by written application: verbally () written application ()

When did you submit your application: _____

To whom did you submit your application: _____

To your knowledge, who got the job, promotion, transfer, etc.,: _____

What reason was given for your denial? _____

8. GRIEVANCES

Have you tried to resolve your situation through a grievance procedure?

Yes () No () If yes, with whom? _____

Describe the actions you took and the results to date: _____

9. RESPONDENT'S RESPONSE

What reasons were given by your employer for the actions taken against you?

10. REMEDY

Remedies you are seeking for relief in this charge (describe what it would take to resolve the issue(s) you are alleging):

11. WITNESS INFORMATION

If known, please provide the names, home addresses and telephone numbers of persons who can support your allegation(s), or who may have seen or experienced similar treatment.

Last Name:

First Name:

Middle Name/Initial:

Street Address:

City:

State:

Zip:

Home Phone:

What information do you feel this witness can provide?

12. HARASSMENT (Sexual or Racial)

If your complaint involves sexual harassment or racial harassment, please state whether or not your reported it to management, to whom in management you reported it, and what the response was. Include the **name** and **job title** of the harasser.

13. HANDICAP (physical or mental)

If your complaint involves a physical or mental handicap, state your medically diagnosable handicap(s):

Explain how the respondent became aware of each handicap:

State whether you requested any form of accommodation:

State the Respondent's response to your request for accommodation:

If you do not have a handicap, but you believe that the Respondent acted because he perceives you as handicapped, explain:

If you checked **national origin** in your answer to question number 5, if you think the Federal Immigration Reform and Control Act of 1986 influenced your employer's actions, please explain:

If you checked **retaliation** in your answer to question number 5, state how you opposed unlawful discrimination (e.g., testified at a discrimination hearing, filed a prior discrimination claim, or complained about unlawful discrimination, etc.). Include dates, charge numbers, and/or the name or title of the person to whom you complained.

The information I have provided above is correct and complete to the best of my knowledge and belief. This complaint form and any accompanying statements must be signed in order to process a charge of discrimination.

I declare under the penalty of perjury that the foregoing is true and correct.

Your signature

Date signed