



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

**Instructions: Read this entire form and all of the instructions carefully before completing.** All questions should be answered. This form must be postmarked or received by IDHR within 180 days of the date of the alleged discrimination. IDHR must establish if it has the right under the law to investigate your employment claim. If IDHR accepts your claim of employment discrimination, information will be typed on an official charge form. The charge form must be signed, notarized and returned to IDHR in a timely manner. The form should be signed and dated below. Use additional sheets if necessary. **THIS IS NOT A CHARGE.** If IDHR accepts your claim, we will send you a charge form for signature.

**1. COMPLAINANT INFORMATION:**

Name:	Address:	Apt No:
City:	State:	ZIP:
E-Mail:	Alt. Phone No:	Alt. Phone No:

**2. PERSONAL DATA:** Please provide the following information for statistical purposes only.

CHECK THE CATEGORY IN THE LIST BELOW OF NATIONAL ORIGIN OR ANCESTRY WITH WHICH YOU MOST STRONGLY IDENTIFY:

<input type="checkbox"/> Greece	<input type="checkbox"/> Haiti	<input type="checkbox"/> India	<input type="checkbox"/> Ireland	<input type="checkbox"/> Italy	<input type="checkbox"/> Japan	<input type="checkbox"/> Korea
<input type="checkbox"/> Liberia	<input type="checkbox"/> Mexico	<input type="checkbox"/> Middle East	<input type="checkbox"/> Pakistan	<input type="checkbox"/> Philippines	<input type="checkbox"/> Poland	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> U. S. A.	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Other African/Non-Arab	<input type="checkbox"/> Other Eastern Europe	<input type="checkbox"/> Other Hispanic		
<input type="checkbox"/> Other Asia	<input type="checkbox"/> Other National Origin or Ancestry	Date of Birth:	Sex:			

**3. WHO ELSE CAN WE CALL IF WE CANNOT REACH YOU:** Provide the names of two persons who can contact you in the event IDHR is unable to locate 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.

Name:	Address:	Apt No:
City:	State:	ZIP:
Name:	Address:	Apt No:
City:	State:	ZIP:

**4. RESPONDENT INFORMATION:** Write out the full legal name of the Employer, Union, Employment Agency, Temporary Agency, (i.e. the Respondent), that you believe discriminated against you in Illinois.

IDHR can investigate charges of employment discrimination filed against private employers, state or local government, unions and employment agencies. Individuals can also be charged in some cases. The employer charged with discrimination must have at least 15 employees in the state of Illinois in order for IDHR to investigate, unless the charge alleges sexual harassment, pregnancy, retaliation or physical or mental disability discrimination, or unless the employer is a public contractor. (A public contractor is an employer who does business with the state or a unit of local government.)

Name:	Address:
City:	State:
County:	Does the Respondent have a total of 15 or more people working in the State of Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the Respondent have a total of 15 or more people working in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Job Title:	Office Use Only
Date Hired:	
Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Department:	
Supervisor:	

**IDHR can only investigate charges alleging the following Bases of discrimination:** Age (40 and over), Physical or Mental Disability (unrelated to ability to do the job), Arrest Record (or criminal history record ordered expunged, sealed or impounded), Retaliation (complained about unlawful discrimination, filed a prior discrimination claim, or testified at a discrimination hearing), Coercion/Aiding and Abetting (helping or forcing a person to commit unlawful discrimination based upon any of the categories listed), Race, Unfavorable Military Discharge, Marital Status, Color, Ancestry, Military Status, Religion, Citizenship Status, National Origin, Sexual Harassment, Sex, Pregnancy, Sexual Orientation, or Order of Protection Status. **IDHR cannot investigate:** unfair employment actions such as: political affiliations, personality conflicts, etc., unless such actions are alleged to be for one or more of the bases (Types of Discrimination) listed above; unfair union practices unless such claims involve one or more of the types of discrimination listed above; charges against the federal government (such a charge can only be filed with the EEOC office of the agency alleged to have discriminated).

**6. DESCRIPTION OF THE EMPLOYMENT HARM AND BASES YOU ARE REQUESTING IDHR TO INVESTIGATE:**

**A. FIRST ISSUE OF HARM OR EMPLOYMENT ACTION TAKEN AGAINST YOU BY RESPONDENT:**

BASIS: Note: see above for the Bases IDHR can investigate.	Date of Action:
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Reason given by Respondent for the action taken against you:

Name of the person who gave you this information:	Job Title:
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Name an employee who was treated more favorably than you in a similar or comparable situation:

**B. SECOND ISSUE OF HARM OR EMPLOYMENT ACTION TAKEN AGAINST YOU BY RESPONDENT (IF APPLICABLE):**

BASIS: Note: see above for the Bases IDHR can investigate.	Date of Action:
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Reason given by Respondent for the action taken against you:

Name of the person who gave you this information:	Job Title:
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Name an employee who was treated more favorably than you in a similar or comparable situation:

**7. WITNESS INFORMATION:**

Name:	Address:	Apt No:
City:	State:	ZIP: Phone No:
Name:	Address:	Apt No:
City:	State:	ZIP: Phone No:

**8. HAVE YOU FILED A PREVIOUS CHARGE AGAINST THIS EMPLOYER ON THIS MATTER WITH THE EEOC?**

Yes  No If "Yes", when?

**9. SPECIAL BASES:**

**A. If you claimed SEXUAL HARASSMENT as a basis:**

Name of the harasser:	Job Title of harasser:
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Do you want the sexual harasser charged separately as an additional respondent?  Yes  No

If yes, provide the following information for that person: Address:

City:	State:	ZIP:	Phone #:
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**B. If you claimed PHYSICAL OR MENTAL DISABILITY as a basis:**

State your medically diagnosed disability/disabilities:

Explain how the Respondent became aware of each disability:

**C. If you claimed RETALIATION as a basis:**

State how you opposed unlawful discrimination: (i.e., testified at a discrimination hearing, filed a prior discrimination claim, or complained about unlawful discrimination). Include dates, charge numbers, and/or the name or title of the person to whom you complained.

**10. HAVE YOU FILED A PREVIOUS CHARGE AGAINST THIS EMPLOYER WITH IDHR?**

Yes  No Charge Number(s):

**CONSENT AGREEMENT AND RELEASE**

I have read the provided "Notice to Complainant" and I understand that: 1) IDHR may also file my charge of discrimination with EEOC if it has jurisdiction, and I authorize EEOC to look into the discrimination alleged 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 the Department'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.

**IDHR Notice of Accessibility**

IDHR's programs are accessible to persons with disabilities in compliance with the ADA and Sec. 504 of the Rehabilitation Act of 1973. A person with a disability needing an accommodation to participate in IDHR programs should contact Susan Allen, the ADA Coordinator, at 217-785-5119, 217-785-5106 (fax), 866-740-3953 (TTY) or e-mail susan.allen@illinois.gov. IDHR provides sign language interpreters upon request. For language other than English, it is the responsibility of the non-English speaking party to secure an interpreter if one is needed. The interpreter must be 18 years of age or older and able to communicate effectively in both languages.

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

The Illinois Human Rights Act ("Act"), 775 ILCS 5/1-101 *et seq.*, and Section 2520.330 of 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 the Department'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:

- (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 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) IDHR may release 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.

**The Cooper v. Salazar injunction**

IDHR is under a federal-court injunction that, among other things, orders IDHR:

"to cease permanently from relying on credibility determinations made without affording the rights of confrontation and cross-examination".

See, *Cooper v. Salazar*, #98 C 2930, U.S. District Court for the Northern District of Illinois, Order dated November 1, 2001, at p. 26, ¶1.

**Meaning of the Cooper Injunction**

The Department cannot assess the credibility of Complainant's testimony, the testimony of Complainant's witnesses or the testimony of Respondent's representatives or the witnesses of Respondent where there is conflicting testimony. In other words, if the determination of substantial evidence turns on issues of credibility, the Department should make a finding of substantial evidence so that a trier of fact may resolve those issues of credibility. This means that if a determination of lack of substantial evidence requires the Department to make a finding of fact as to conflicting evidence, the Department will make a finding of substantial evidence so that credibility may be resolved by the Human Rights Commission at a Public Hearing or in circuit court.

The Illinois Human Rights Act defines "substantial evidence" as:

"evidence which a reasonable mind accepts as sufficient to support a particular conclusion and which consists of more than a mere scintilla but may be somewhat less than a preponderance". Illinois Human Rights Act §7A-102(D)(2), codified at 775 ILCS 5/7A-102(D)(2).

**The Meaning of Credibility**

IDHR is an investigatory agency. IDHR's purpose is to gather all of the evidence from each of the parties as to whether Respondent may or may not have discriminated against the Complainant within the meaning of the Illinois Human Rights Act. IDHR's purpose is to review all of the evidence and make a determination based upon the law as to whether there is sufficient evidence of discrimination to file a complaint against the Respondent with the Illinois Human Rights Commission. IDHR will not make a finding that evidence submitted by a party is either believable or not believable. Thus, IDHR will not base its findings on the fact that one of the parties is not telling the truth or that one party's evidence is not believable. If the resolution of the charge of discrimination requires believing the evidence of one party over another party, IDHR will make a finding of Substantial Evidence and refer the matter to the Illinois Human Rights Commission so that a trier of fact may resolve the case.

**Conflicting evidence exists when there are**

1. Statements of a person with material first hand knowledge contradicted by statements of a different person with material first hand knowledge.
2. Business records contradicted by oral statements of a person with material first hand knowledge.
3. Business records of one person contradicted by business records of another person.