State of Illinois
Department of Human Services - Bureau of Civil Affairs

# Discrimination Complaint Form

*"Promoting Workforce and Consumer Equity"*

Date Filed: _____ Date Received by BCA: _____

**To initiate a charge of discrimination or harassment, this form must be filed within 30 working days of the alleged violation.**

1. Name (Complainant): _____ 2. Telephone Number: _____

3. Mailing Address: _____

4. Are you currently employed by the Department of Human Services (DHS)? ☐ Yes ☐ No

If No, when were you last employed: _____

Please explain why no longer employed by Department of Human Services.

| 5. Facility: | 6. Unit: | 7. Address: |
|---|---|---|

| 8. Job Title: | 9. Status: (i.e., trainee, probationary, certified) |
|---|---|

| 10. Telephone: | 11. Length of Service in Current Classification: |
|---|---|

12. Date of the Alleged Violation:

**Please Note:** The following definitions will be used when considering whether you have a charge of discrimination for EEO purposes.

**Discrimination** is a civil rights violation alleging a difference in treatment as compared with others not of your same protected class. Protected classes are listed below as bases for discrimination. Please identify which one(s) apply.

**Harassmen**t is a distinct form of discrimination. It is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual. It has the purpose or effect of creating an intimidating, hostile or offensive work environment; unreasonably interfering with an individual's work performance; and/or adversely affecting an individuals employment opportunities. Harassment includes, but is not limited to the following:

- Epithets, slurs, negative stereotyping, threatening, intimidating or hostile acts that relate to race or telling racial jokes.
- Written or graphic material that denigrates or shows hostility or aversion toward an individual or group. This includes materials placed on walls, bulletin boards or elsewhere on the employer's premises, or circulated in the workplace, including via e-mail.

Please indicate which type of charge you are filing: ☐ Discrimination ☐ Harassment ☐ Both

13. Basis(es) of the alleged discrimination: ☐ Age ☐ Race ☐ Color ☐ Sex

☐ Genetic information ☐ Order of protection status ☐ Citizenship status ☐ Pregnancy status

☐ National Origin ☐ Ancestry ☐ Religion ☐ Marital Status ☐ Sexual Harassment

☐ Physical or Mental Disability ☐ Retaliation ☐ Unfavorable Military Discharge ☐ Sexual Orientation

14. The discrimination occurred in connection with: ☐ Interview ☐ Hiring Selection ☐ Promotion ☐ Termination

☐ Downward Allocation ☐ Disciplinary Action ☐ Compensation ☐ Transfer ☐ Suspension

☐ Layoff ☐ Training Opportunity ☐ Other (specify) _____

15. The facts of the alleged discrimination are:

(If more space is needed, please attach additional sheets)

Please Complete and Return by mail or fax to:

Illinois Department of Human Services
Bureau of Civil Affairs
69 West Washington, 4th Floor
Chicago, IL 60602
Fax: (217) 557-4191

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# Discrimination Complaint Form

16. Name(s), title(s), work location(s) and telephone number(s) of person(s) who you believe discriminated against you (for additional space, please attach an additional page):

Name: _____ Title: _____ Location: _____ Telephone #: _____

17. Please supply documentation supporting the discrimination identified in Section 16 above.

I have attached additional supporting documentation: ☐ Yes ☐ No

18. Have you made any effort to resolve the discrimination or harassment through your supervisors, the grievance procedure, or with any public or private organization? ☐ Yes ☐ No

If yes, please explain, indicating the outcome of the efforts:

(If more space is needed, please attach additional sheets)

19. BCA Investigator: _____ 20. Telephone #: _____

Please Note: It is a violation of Department policy to file a false and/or frivolous complaint. Given the seriousness of the consequences for the accused, a false/frivolous charge is a severe offense that can itself result in appropriate disciplinary action.

21. Complainant's Signature: _____

22. Investigator's Signature (Upon Completion of the Investigation): _____

Employees also have the right to file a formal charge within 180 days of the alleged violation with the Illinois Department of Human Rights, or the U.S. Dept. of Health and Human Services/Office of Civil Rights; and within 300 days with the Equal Employment Opportunity Commission.

STATE OF ILLINOIS
Illinois Department of Human Rights

100 West Randolph Street, Suite 10-100
Chicago, IL 60601
(312) 814-6200 (Voice calls only)
(312) 263-1579 (TTY calls only)

222 South College, Room 101A
Springfield, IL 62704
(217) 785-5100 (Voice calls only)
(217) 785-5125 (TTY calls only)
(217) 785-5106 (Fax)

FEDERAL

U.S. Equal Employment Opportunity Commission
1222 Spruce Street - Room 8.100
St. Louis, MO 63103
(314) 539-7800 (Voice calls only)
(314) 425-6547 (TTY calls only)
(314) 539-7894 (Fax)

U.S. Equal Employment Opportunity Commission
500 West Madison, Room 2800
Chicago, IL 60661
(312) 353-2713 (Voice calls only)
(312) 353-2421 (TTY calls only)
(312) 353-7355 (Fax)

U.S. Department of Health and Human Services
Office of Civil Rights
105 West Adams, 16th Floor
Chicago, IL 60603

(312) 886-2359 (Voice calls only)
(312) 353-5693 (TTY calls only)
(312) 886-1807 (Fax)