



(For IDHR Use Only) CONTROL NUMBER:

**Instructions:** Read this entire form carefully before completing. All questions should be answered. If you do not know the answer, leave the question blank and fill out as much of the form as you can. You have **one year** from the date of the alleged discrimination to file a charge, but it's best to file as soon as possible. The form should be signed and dated. Use additional sheets if necessary. **THIS IS NOT A CHARGE.** If IDHR accepts your claim, we will send you a formal charge document for signature. **Return the form by email to [IDHR.FairHousing@illinois.gov](mailto:IDHR.FairHousing@illinois.gov) or by mail, fax or in person to IDHR's Chicago Office.**

**1a. Complainant Information:**

Name of Aggrieved Person(s) or Organization:

Telephone No:

Address\*:

Apt No:

City, State, ZIP:



**E-Mail Consent:** By checking this box, I consent to service of notices by the Department via electronic mail.

E-mail Address:

County:

\*If you are enrolled in the Illinois Attorney General Address Confidentiality Program (ACP), you may use your ACP substitute address for all communication with the Department

**1b. Who else can we call if we cannot reach you?**

First Contact's Name:

Daytime Phone:

Address, City, State, ZIP:

Second Contact's Name:

Daytime Phone:

Address, City, State, ZIP:

**2a. What happened to you? Check all that apply.**



Refused an opportunity to rent or buy housing or told housing was not available when it was.



Discriminated against in the appraisal process.



Refused a request to accommodate policies or practices or modify housing because of a disability.



Discriminated against in broker's services.



Discriminated against in the terms or conditions of sale, rental occupancy, or in services or facilities.



Treated differently than others seeking housing.



Discriminated against in financing or denied a mortgage loan.



Intimidated/interfered/coerced in the exercise of my housing rights.

Other (explain below):

**2b. State briefly what happened.** (Attach an additional page if necessary.)

**2c. On what date did the last act of discrimination occur?**

**2d. Is the action on going?**

☐ Yes

☐ No

**Protected classes:** Illinois prohibits housing discrimination based on: race; color; ancestry; national origin; religion; disability; marital status; sex (including sexual harassment); sexual orientation/ gender identity; pregnancy; familial status (children under 18); arrest record; age (40 and over); aiding/ abetting; willful interference and coercion; military status; unfavorable military discharge; retaliation; order of protection status; and source of income.

**3. Why do you believe you are being discriminated against?** For example: were you denied housing because of your race? Or turned down for an apartment because you have children? Briefly explain why you think your housing rights were denied because of any of the protected classes listed above.

**4a. Who do you believe discriminated against you?**

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

**4b. Mark the applicable box that describes the person named above:** Check the appropriate box(es):

<input type="checkbox"/> Landlord	<input type="checkbox"/> Owner	<input type="checkbox"/> Bank or Other Lender	<input type="checkbox"/> Real Estate Agent or Broker	<input type="checkbox"/> Appraiser	<input type="checkbox"/> Other	
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**5a. What kind of house, rental unit or property was involved?** Check the appropriate box(es):

<input type="checkbox"/> Single family home	<input type="checkbox"/> Apartment or Condominium building with	units	<input type="checkbox"/> Owner lives on the property	<input type="checkbox"/> Public or assisted housing
<input type="checkbox"/> Mobile home park	<input type="checkbox"/> Commercial space	<input type="checkbox"/> Vacant land		
<input type="checkbox"/> Other (specify):				

**5b. What is the address of the house, rental unit, or property?**

Address:	Apt No:
City, State, ZIP:	County:
Is the property still available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

**6. We need some information for statistical purposes:**

Sex:	Date of Birth:	National Origin (specify):
How did you learn of our office?		

**7. Have you filed a charge with any other agency?** If so, which agency?**8. 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)

**CONSENT AGREEMENT AND RELEASE**

I have read the provided "Notice to Complainant" and I understand that: 1) 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; 2) 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; 3) 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.

## Notice to Complainant

### Disability Accommodations

IDHR programs are accessible to persons with disabilities in compliance with the ADA and the Rehabilitation Act of 1973. A person with a disability 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).

### Language Access Accommodations

IDHR provides interpretation upon request for sign language and 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).

### 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 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 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 the Department's investigation:

- (a) All contents and files maintained by IDHR pertaining to charges shall be confidential and not subject to public disclosure, with relevant exceptions:
  - 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) If the Director determines that the disclosure of information is in the public interest, at any stage of the proceedings, the Director may authorize release;
- (b) Authorized personnel within IDHR analyze information that IDHR collects. IDHR staff may need to reveal information to individuals outside the agency 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 acknowledge publicly the existence of a charge, the names of the parties and the stage of the proceedings at which it is pending.
- (d) 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.
- (e) 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 and Credibility Determinations

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.

As an investigatory agency, IDHR gathers evidence from each of the parties as to whether the Respondent may or may not have discriminated against the Complainant within the meaning of the Illinois Human Rights Act. IDHR reviews all of the evidence and makes 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 cannot assess the credibility of Complainant's testimony, Respondent's testimony, or the testimony of representatives or witnesses where there is conflicting testimony. IDHR will not make a finding that one of the parties is not telling the truth or that one party's evidence is not believable. If the determination turns on issues of credibility, 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. 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)

### 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.