

**CITY OF BELLEVILLE, ILLINOIS
HUMAN RELATIONS COMMISSION**

Dear Complainant,

In response to your request for assistance, the enclosed complaint form is provided. Please complete the form as accurately and completely as possible. The information that you provide will enable us to determine whether this commission or another agency would be appropriate to process your request.

Prior to your completion of the complaint form, please review the following information:

1. The Human Relations Commission processes cases of unfair practices and discrimination on the basis of race, gender, religion, ethnic origin, age, marital status, veteran's status, disability, or sexual orientation. If you believe you have been discriminated against or subjected to unfair practices (i.e. treated differently because of any of the above noted items), your request may fall within the authority of the Human Relations Commission.
2. Complete a typed or clearly legible, written in ink complaint form describing the incident(s), including the following components:
 - A. WHO discriminated against you or subjected you to unfair practices --- provide name(s);
 - B. WHEN did this occur --- day/month/year;
 - C. WHERE did it take place --- location(s);
 - D. WHAT is the description of the occurrence.
3. All complaints are confidential. When a complaint is filed, it will be assigned a number and any reference to the complaint should be made with the assigned number.
4. Once the complaint is received, it will be carefully reviewed and then assigned to a team of commission members who will contact you to discuss the specific details of your complaint.

5. If, after reviewing the complaint, or discussing with you the specific details, it is determined that the Commission has no jurisdiction to proceed, you will be notified. At your request, if other resources are available, the Commission may provide further information for you.
6. The deadline for filing your complaint is within 180 days from the date of the unfair practice(s) or discriminatory action(s).
7. The City of Belleville Human Relations Commission is a community service agency. If we can be of service to you, please return your complaint form to:

Human Relations Commission	or	for more info, call:
City of Belleville		confidential Voice Mail
P.O. Box 312		(618) 233-6518 ext 247
Belleville, IL. 62222-0312		

8. Please be advised that you have the right to file a complaint directly with:

Illinois Human Rights Commission
State of Illinois Center
100 West Randolph Street
Suite – 100
Chicago, Illinois 60601

Sincerely,

Lynn Clapp
Chair
Human Relations Commission
City of Belleville

WHAT IS DISCRIMINATORY?

1. A qualified person cannot be denied employment because of race, gender, religion, ethnic origin, age, marital status, veteran's status, disability or sexual orientation.
2. Employers cannot discriminate in recruiting because of race, gender, religion, ethnic origin, age, marital status, veteran's status, disability or sexual orientation.
3. Labor organizations cannot deny membership to qualified persons because of race, gender, religion, ethnic origin, age, marital status, veteran's status, disability or sexual orientation.
4. Employment agencies cannot discriminate in job referrals, ask pre-employment questions or circulate information that limits employment because of race, gender, religion, ethnic origin, age, marital status, veteran's status, disability or sexual orientation.
5. Newspapers cannot publish discriminatory employment advertisements because of race, gender, religion, ethnic origin, age, marital status, veteran's status, disability or sexual orientation.
6. Realtors, landlords, and sellers cannot discriminate because of race, gender, religion, ethnic origin, age, marital status, veteran's status, disability or sexual orientation.
7. Places offering entertainment, exhibitions, recreation and lodging cannot discriminate because of race, gender, religion, ethnic origin, age, marital status, veteran's status, disability or sexual orientation.

COMPLAINT FORM

COMPLAINANT:

Name: _____

Address: (# and street) _____

(City/state) _____ (zip) _____

Phone: (home) _____ (work) _____

E-mail: _____

Male: ____ Female: ____ Race/Ethnic Origin _____

Date of birth: _____

Alternate contact name: _____

Phone: _____

RESPONDENT (name the company, store, agency, etc.):

Name: _____

Address: _____

Phone: _____

Name of person who discriminated against you: (if known, include title or position): _____

Address: _____

Phone: _____

Respondent represents: ____ Union ____ Government agency
____ Company ____ Individual
____ Other (specify: _____)

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Does this company/agency have a grievance policy/practice? Yes No
If yes, did you file a complaint under this policy? Yes No

If yes, what decision was rendered? _____

Has this complaint been filed with any other agency? Yes No
If yes, when was the complaint filed (date)? _____

If yes, what decision was rendered? _____

TYPE OF DISCRIMINATION

1. Employment
 Housing
 Public accommodations (store, restaurant, theater, etc.)
 Other (_____)

2. Action taken against you:

- | | | |
|----------------------------------------|--------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Discipline | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Wages | <input type="checkbox"/> Harassment | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Sexual harassment | |
| <input type="checkbox"/> Other (_____) | | |

Dates of discrimination (be as specific as possible): _____

3. Which of the following do you believe was the cause of the action taken against you?

- | | | |
|----------------------------------------|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital status | <input type="checkbox"/> Ethnic origin |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Veteran's status | <input type="checkbox"/> Age |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Other (_____) | | |

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4. Explain what happened and actions taken against you: _____

How were you treated differently? _____

How did you respond to the incident? _____

5. List any document, records or information that would be significant to your complaint:

Item	Location
_____	_____
_____	_____
_____	_____

6. List potential witnesses (give name, address, and phone number)

(Additional information can be affixed to the complaint form.)

I swear and affirm that the above is true to the best of my knowledge, information, and belief.

_____/_____
Signature Date

_____/_____
Notary Public Date

Return only the 3 pages of the complaint form, although you may use additional paper when answering questions or providing information.