



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

300 W. Adams Street • Suite 200 • Chicago, Illinois 60606 • (312) 793-8550

Civil Rights Discrimination Complaint Form

The Illinois Criminal Justice Information Authority (ICJIA) is committed to prohibiting discrimination, in the delivery of services and in employment by ICJIA and ICJIA grantees. ICJIA and ICJIA grantees have a legal and contractual obligation to provide employment and grant-funded services in a discrimination-free manner. ICJIA and ICJIA grantees cannot discriminate based on actual or perceived race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, pregnancy, physical or mental disability, military status, sexual orientation, gender identity, or unfavorable discharge from military service.

Please complete this form to file a discrimination complaint. Be advised that ICJIA will not investigate the complaint but will forward the complaint to an appropriate agency(ies), which may include the United States Department of Justice, Office of Justice Programs, Office for Civil Rights, the Equal Employment Opportunity Commission, and the Illinois Department of Human Rights.

You can submit this complaint via mail or e-mail. Complaints submitted via mail can be sent to: Illinois Criminal Justice Information Authority, Attn: Civil Rights Officer, 300 West Adams, Suite 200; Chicago, IL 60606. Complaints submitted via email can be sent to CJA.CivilRightsOfficer@illinois.gov. You may attach additional pages and provide additional documentation or evidence with this complaint. Please provide as much detail as possible in your complaint.

Be sure to fill out the Limited Release of Information form before completing your complaint.

You may also submit a complaint directly to the Office for Civil Rights; Office of Justice Programs; U.S. Department of Justice, at 810 Seventh Street N.W., Washington, DC 20531 or by visiting: <https://ojp.gov/about/ocr/complaint.htm>. Employment complaints may be submitted directly to the EEOC, at <https://www.eeoc.gov/employees/howtofile.cfm>. You may also submit a complaint directly to the Illinois Department of Human Rights, 100 West Randolph Street, 10th Floor, Intake unit, Chicago, IL 60601, 535 West Jefferson, 1st Floor, Intake Unit, Springfield, IL 62702, or by visiting <https://www2.illinois.gov/dhr/FilingCharge/Pages/Intake.aspx>.

CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM

Today's Date (MM/DD/YYYY): _____

CONTACT INFORMATION (Required Information):

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Phone Number: _____

Alternate Phone Number: _____

What is your preferred method of contact: _____ Phone _____ Email _____ Postal Mail

When is a good time to reach you: _____ AM / PM

Can ICJIA leave a voicemail message at this number? (Messages will not reference a complaint or any service provider or personal information, apart from your name, provided in this complaint.) _____ Yes _____ No

If possible, provide the names of two persons ICJIA may contact in the event this office is unable to reach you at your contact information. (Information provided will not reference a complaint or any provider or personal information, apart from your name, provided in this complaint.)

ALTERNATE CONTACT INFORMATION #1:

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Phone Number: _____

ALTERNATE CONTACT INFORMATION #2:

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Phone Number: _____

ALLEGED DISCRIMINATION: (Required Information)

Are you alleging you were discriminated against in:

Employment: _____

Granted funded services that you received: _____

Grants services were denied to you: _____

RESPONDENT INFORMATION: (Required Information)

Write out the full name of the Agency in Illinois against which you are filing this complaint:

Business Name: _____

Street Address: _____ Suite/Office/Apartment #: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Phone Number: _____

Primary Contact person: _____

Please provide the name of the specific individual(s), (if any and known) who discriminated against you:

If you were employed by the Respondent, please fill in the following:

Job Title: _____

Date Hired: _____

Department: _____

Date of termination (if applicable): _____

Supervisor: _____

Were you on probation at the time of your termination? _____Yes _____No

Date(s) of Discriminatory Conduct: _____

Protected Class: What is the basis for the discrimination? (Check all fields that apply.)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Sex |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Military Status | <input type="checkbox"/> Order of Protection |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Unfavorable Military Discharge |

Provide any other pertinent information regarding your specific protected class that may assist ICJIA:

Describe the discriminatory conduct:

Reason given by the agency, if any, for the action taken against you:

Name of the person who gave you this information: _____

Job Title: _____

WITNESS INFORMATION:

WITNESS INFORMATION #1:

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Phone Number: _____

WITNESS INFORMATION #2:

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Phone Number: _____

PREVIOUS COMPLAINTS

Have you filed a previous complaint against this Respondent on this matter with ICJIA or any other agency?

_____ Yes _____ No

If yes, provide the agency against which the complaint was filed and the date of the previous complaint:

Agency: _____

Date: _____