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, by visiting https://www2.illinois.gov/dhr/FilingaCharge/Pages/Intake.aspx.

LIMITED RELEASE OF INFORMATION FORM

State:	Zip:	Phone:	
		Consent/Release	
necessary for refer my cominformation a would confirm ICJIA may not that the agen I understand	r ICJIA to reveal in plaint to outside in the could go that I have been to continct or person getters.	It, I understand that in the course of an investigation, it may be my identity to persons at the organization under investigation, investigative or enforcement agencies. I understand that relegive another agency or person information about my location receiving services from a certain organization. I understand that happens to my information once it has been released thing my information may be required by law to share it with organization is completely voluntary and that I do not have to h.	, or teasing an
investigation copies of, or complaint. I u	or in a referral to discuss materia understand this is	not want ICJIA to reveal my identity to the organization of an investigative agency. I do not want ICJIA to review, real and information about me, pertinent to the investigation of a likely to impede any investigation of my complaint and may problaint to an outside agency.	ceiv
	ny time either o	is valid when I sign it and that I may withdraw my consectable rally or in writing. Unless withdrawn, a consent to releas	
Signed:		Date:	_
		ditional time is necessary to meet the purpose of this release)	

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 / PI	M	
Can ICJIA leave a voicemail message at this number? (Messages provider or personal information, apart from your name, provide		
If possible, provide the names of two persons ICJIA may contact at your contact information. (Information provided will not refer 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	
Business Name:	
Street Address:	Suite/Office/Apartment #:
City:	

State:			
Zip:			
Email Address:			
Phone Number:			
Primary Contact perso	on:		
Please provide the na	me of the specific indivic	dual(s), (if any and knowr	n) who discriminated against you:
If you were employed	by the Respondent, plea	ase fill in the following:	
Job Title:		_	
Date Hired:			
Department:		<u> </u>	
Date of termination (i	f applicable):		
Supervisor:		<u></u>	
Were you on probatio	on at the time of your ter	mination?Yes	No
Date(s) of Discrimina	tory Conduct:		
Protected Class: Wha	t is the basis for the disc	rimination? (Check all fie	elds that apply.)
□ Race	☐ Color	☐ Religion	□ Sex
☐ National Origin	☐ Ancestry	□ Age	☐ Sexual Orientation
☐ Gender Identity	☐ Pregnancy	☐ Military Status	☐ Order of Protection
☐ Marital Status	☐ Mental Disability	☐ Physical Disability	☐ 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 INFOR	MATION #2:	
First Name:		
Last Name:		
Street Address:		
City:		
State:		
Zip:		
Email Address:		
Phone Number:		
PREVIOUS COM	PLAINTS	
Have you filed a	previous complaint against this Respondent on t	this matter with ICJIA or any other agency?
Yes	No	
If yes, provide th	ne agency against which the complaint was filed	and the date of the previous complaint:
Agency:		•
Date:		