

AURORA HUMAN RELATIONS COMMISSION COMPLAINT FORM

This form will be used by the City of Aurora Human Relations Commission to investigate discrimination complaints. The Aurora Human Relations Commission operates under Chapter 22 of the City of Aurora Municipal Code.

Instructions: Please complete the form to the best of your ability using the space provided. If necessary, you may attach additional page(s) to this form. After the complaint is received, the Commission will investigate the complaint. You and/or the person/organization against whom the complaint is being made may be contacted in an attempt to resolve the complaint. If the complaint is not resolved by the investigation and if the Commission believes that discrimination may have taken place, a public hearing may be called by the Human Relations Commission to resolve the complaint. If the issue is not resolved at the public hearing, the Commission may continue to investigate. The Commission will reach a final decision regarding the complaint and will report its decision to you.

(MR/MRS/MS) YOUR NAME: _____

YOUR ADDRESS: _____

BUSINESS OR OTHER ADDRESS: _____

PRIMARY PHONE: _____ OTHER PHONE: _____

In your opinion, on what basis were you discriminated?

_____ National Origin or Ancestry	_____ Race or Color	_____ Marital Status
_____ Physical or Mental Disability	_____ Age	_____ Religion or Creed
_____ Gender or Gender Identity	_____ Other (please specify): _____	

Please identify the person(s), business, or company you believe discriminated against you:

Name: _____

Address: _____

Phone Number(s): _____

Additional contact information (if any): _____

1) Please tell us what happened. Clearly share how you think discriminated took place in the space provided below and be as specific as possible. For instance, list the date and time of day, all persons present, and any specific things that occurred or language used. (If necessary, you may attach additional information to this form.)

2) What is the most recent date on which the alleged discrimination occurred? _____

3) Please share any steps already taken, if any, concerning this matter. (for example, “talked to my union representative,” “talked to a lawyer,” “filed a complaint with the Illinois Dept. of Human Rights”, etc.)

Discrimination Involves: (please check all that apply)

- Housing
- Employment
- Access to a service or place open to the public
- Other (please specify): _____

To complete this form, please sign and date below.

Signature: _____ Date: _____

You may submit this form to the Aurora Human Relations Commission by any of the following:

MAIL to AURORA HUMAN RELATIONS COMMISSION, 44 East Downer, Aurora, IL 60505

E-MAIL to HRC@aurora-il.org

The Human Relations Commission will contact you to confirm receipt of this form. If you are not contacted within two (2) weeks of submission, please contact the Chairperson at 630-256-3007.

Information on this form will be kept confidential by the Human Relations Commission while the complaint is being investigated. Please note this form and any investigative materials and/or reports will be released upon proper request subject to the Illinois Freedom of Information Act or valid court order.