



City of Chicago
COMMISSION ON HUMAN RELATIONS
 740 N. Sedgwick, Suite 400, Chicago, IL 60654
 312/744-4111 (Voice), 312/744-1081 (Fax), 312/744-1088 (TDD)
cchrfilings@cityofchicago.org

AMENDED COMPLAINT

COMPLAINANT'S NAME	TELEPHONE
	EMAIL
STREET ADDRESS	CITY, STATE, ZIP CODE:
RESPONDENT NAME(S)	TELEPHONE
STREET ADDRESS:	CITY, STATE, ZIP CODE:
PURPOSE OF THIS AMENDED COMPLAINT	
This is my 1st amended complaint. (e.g. 1 st , 2 nd). It has the following purpose/s:	
<input type="checkbox"/> Substitute complaint, replacing all previous complaints <input type="checkbox"/> Clarify or amplify allegations of a previous complaint <input type="checkbox"/> Correct a technical defect or misnomer (e.g. address of a respondent, name of a person, business, or place) <input type="checkbox"/> Add claims or incidents (e.g. new discrimination basis, later actions alleged to violate the ordinance) <input type="checkbox"/> Add a complainant <input type="checkbox"/> Add a respondent <input type="checkbox"/> Name a substitute for an individual party who is deceased or lacks legal capacity <input type="checkbox"/> Name a substitute or successor for a business whose status has changed	
TYPE OF COMPLAINT:	<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> HOUSING <input type="checkbox"/> PUBLIC ACCOMMODATION <input type="checkbox"/> CREDIT <input type="checkbox"/> BONDING
CHECK EACH DISCRIMINATION BASIS CLAIMED and state your status in the space provided. For example, if you claim national origin discrimination, state your national origin. If age, state your age.	
<input type="checkbox"/> RACE	<input type="checkbox"/> SEX <input type="checkbox"/> SEXUAL HARASSMENT
<input type="checkbox"/> COLOR	<input type="checkbox"/> SEXUAL ORIENTATION <input type="checkbox"/> DISABILITY <input type="checkbox"/> AGE (over 40)
<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> GENDER IDENTITY <input type="checkbox"/> SOURCE OF INCOME
<input type="checkbox"/> ANCESTRY	<input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> MILITARY STATUS
<input type="checkbox"/> RELIGION	<input type="checkbox"/> PARENTAL STATUS <input type="checkbox"/> RETALIATION
<input type="checkbox"/> CREDIT HISTORY (Employment only)	<input type="checkbox"/> CRIMINAL RECORD/HISTORY (Employment only) <input type="checkbox"/> RETALIATION (Under Hotel Workers Ordinance)
<input type="checkbox"/> BODILY AUTONOMY ORDINANCE (Housing & Employment Only)	
DATE OF THE ALLEGED DISCRIMINATION	
Month, day, and year. For <i>latest</i> incident if more than one.	
NEW OR UPDATED ALLEGATIONS. State each new allegation or any other change of the information in a previous complaint. Use a separate numbered paragraph for each item. You may attach up to four additional sheets.	
I swear or affirm that I have read this amended complaint and that it is true and correct to the best of my knowledge, information and belief. I give permission to each named respondent to release to the Commission on Human Relations any records or other evidence relevant to the allegations in this amended complaint, including but not limited to internal investigations, personnel records, and medical records. This amended complaint consists of 1 page including this page.	
COMPLAINANT SIGNATURE:	DATE SIGNED (month/day/year)

