City of Chicago COMMISSION ON HUMAN RELATIONS

Complainant				
Complainant			Case Number	
V.		Case Number		
Respondent(s)		i I		
	SUPPORTI	NG DOCUMI	ENTAT	TION
Jame of each party submitti	ing this information	n:		
				summarize what you believe each one cach them when ready to interview.
Name & Title of Witness	Telephone	Address		Summary of Relevant Testimony
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n administrative hearing. If y here it is located. Title or description	ou do not have a do	cument, describe it a	s specifica	ally as you can, then state who has it a
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Chicago Commission on Human Relations 740 N. Sedgwick, Suite 400, Chicago, IL 60654 Fax 312-744-1081, Phone 312-744-4111, TTY 312-744-1088 cchrfilings@cityofchicago.org