ILLINOIS DEPARTMENT OF
Human Rights

Bruce Rauner, Governor
Janice Glenn, Acting Director

Dear Attorney:

This Attorney Packet contains information to assist you in preparing and filing a discrimination charge with the Department of Human Rights ("Department"). The U.S. Equal Employment Opportunity Commission ("EEOC") Requires these forms. Your use of these procedures and forms will help the Department provide you and your client with prompt service.

Charge Requirements:

A charge filed with the Department must contain the following:

- Complainant's contact information, including full name, address, city, state, ZIP code, and telephone number.
- Respondent's contact information, including full name, address, city, county, state, ZIP code, and telephone number.
- Complainant's specific allegations in prima facie case format, including the alleged harm, date of harm, and the basis of discrimination (see pages 3 and 4 of this packet).
- Per the Human Rights Act, all charges must be signed by Complainant and dated in the presence of a notary public. Complainant's attorney cannot sign the charge on behalf of Complainant.
- The notary public must sign and date the charge on the same date as Complainant. The notary public cannot use an embossed seal as a notary stamp. Every notary public must use a rubber stamp seal. These notary procedures must be adhered to or the charge is not valid.
- The Department requires one (1) original and one (1) copy of the charge to be filed.
- Please provide the Department with an appearance form with each original charge filed.

For allegations against multiple Respondents:

The Department requires separate charges for each Respondent your client alleges has discriminated against him or her. The Department no longer amends charges. If your client has additional issues or bases, a new charge will be drafted and a new charge number assigned. This ensures that the statutory time limit for the Department to investigate the allegations filed against each Respondent is calculated properly.

A. Charge Forms:

Complete the appropriate charge form and return to our office with all the necessary elements needed to process your client's charge. When filling the charge, **make sure the date on which the earliest allegation of discrimination took place is within the last 180 days if not a continuing violation.** In the event any action is past 180 days and is not a continuing violation, the EEOC has 300 days in which to accept Age and Title VII charges.

Use the State/Federal EEOC #5 form for all state and federal jurisdiction charges. Use the #5 form for combined jurisdictions (i.e., race and physical/mental disability). Use IDHR #6 form for charges filed for jurisdictions covered only by the state (i.e., military status, arrest record, marital status, etc.). Page 2 of the charge form can be used for either Form EEO-5 or IDHR Form 6.

Do not file the same charge with EEOC, the Department will cross file the charge.

When filing a charge you are required to use the proper form. Please see the attached forms.

B. Format and Content

The format and content of the charge should be as follows:

I. A. ISSUE/BASIS

Harm (ISSUE), the date of the harm and the relevant category of discrimination (BASIS)

B. PRIMA FACIE ALLEGATIONS

1. Identify how Complainant is a member of a protected group.

2. Indicate the harm and Respondent's reason for taking the adverse action against Complainant. Identify by name, job title, and relevant category, the individual who communicated said reason to Complainant.

3. Identify Respondent's applicable policy or practice and how Complainant was in compliance with the policy or practice, was qualified for the position, or was performing satisfactorily in the position.

4. State how Complainant was treated differently than similarly situated individuals who are not members of the protected group. Identify those individuals by name, title, and relevant category.

For multiple issues: You must repeat the steps indicated above for each issue/harm. You must also match the appropriate basis to each issue. Some examples of the charge format are attached for your review.

Note: The prima facie allegations for disability, retaliation, and sexual harassment are different than above.

Drafting the charge as described above will assist the Department in investigating the charge more expeditiously and thoroughly. All charges to be filed MUST be sent directly to: **INTAKE UNIT, Attention: Raquel C. Guerra** or **Jacquelyn Turner Hamb**, Department of Human Rights, 100 W. Randolph Street, Suite 10-100, Chicago, IL 60601.

For additional information regarding filing a discrimination charge under the Illinois Human Rights Act, please refer to the Department website: www.illinois.gov/dhr. If you have additional questions, feel free to contact me at (312) 814-6216.

Sincerely,
Raquel C. Guerra
Program Administrator
Intake Division

EXAMPLES

I. A. ISSUES/BASIS

Discharge - February 20, 2008, because of my race, black.

B. PRIMA FACIE ALLEGATIONS

1. My race is black.

2. I was discharged on February 20, 2008. The reason given by Shirley Pine (white), Supervisor, for the discharge was poor performance.

3. I performed by job duties in a satisfactory manner. I began my employment with Respondent on May 1, 2007.

4. My performance was as good as that of Tina New (white), who was not discharged under similar circumstances.

II. A. ISSUE/BASIS

Discharge - February 20, 2008, because of my physical disability, diabetes.

B. PRIMA FACIE ALLEGATIONS

1. I am an individual with a disability within the meaning of Section 1-103(I) of the Human Rights Act.

2. Respondent has been aware of my disability since November 2007, when it was diagnosed.

3. I was discharged by my Supervisor, Shirley Pine (disability unknown), due to alleged poor performance.

4. My disability is unrelated to my ability to perform my job duties.

EXAMPLES

I. A. ISSUES/BASIS

Sexual Harassment - June 2008 until February 14, 2009.

B. PRIMA FACIE ALLEGATIONS

1. From June 2008 until February 14, 2009, I was subjected to sexual harassment by William Hart, Supervisor. The sexual harassment consisted of sexually offensive questions about my sexual habits and sexual jokes on a daily basis, and inappropriate touching by Hart on a weekly basis.

2. I found the harassment offensive and I rejected the advances.

3. I reported the harassment to Human Resources in November 2008 and January 2009, however, the sexual harassment continued.

4. The sexually offensive conduct created a hostile and intimidating work environment for me and interfered with my ability to do my job.

II. A. ISSUE/BASIS

Discharge - February 17, 2009, in Retaliation for filing an internal complaint of discrimination with Respondent.

B. PRIMA FACIE ALLEGATIONS

1. In November 2008, I reported sexual harassment by Hart to Human Resources. In January 2009, I reported the sexual harassment to Cindy Benson, Director of Human Resources.

2. On February 14, 2009, I was discharged by Michael Hart, Supervisor. The reason given for the discharge was alleged insubordination. I have never been insubordinate to anyone.

3. The discharge followed my last complaint of discrimination within a short period of time, thereby raising an inference of retaliatory motivation.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN RIGHTS

IN THE MATTER OF	)	
	)	
	)	
COMPLAINANT	)	
	)	
AND	)	CHARGE NO.:
	)	
	)	
	)	
RESPONDENT	)	
	)	

A P P E A R A N C E

_____, hereby enter the
(Name of law firm/attorney/non-attorney representative)

appearance of _____
(Name of Complainant or Respondent)

and our Appearance as their attorney (or non-attorney representative), and request that copies of all Pleadings, Orders, and other documents be served upon the undersigned for said Party in lieu service upon the Party.

_____
PRINT name of attorney/non-attorney representative

_____
Firm Name

_____
Address

_____ _____ _____
City State ZIP Code

_____
Telephone Number

_____
Fax Number

DATED: _____ By: _____
Signature

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974: See Privacy Act Statement before completing this form.

#

AGENCY

☒ **IDHR**

☐ **EEOC**

CHARGE NUMBER

Illinois Department of Human Rights and EEOC

NAME OF COMPLAINT (indicate Mr. Ms. Mrs.)	**TELEPHONE NUMBER (include area code)**

STREET ADDRESS	**CITY, STATE, ZIP CODE**	**DATE OF BIRTH**

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE, LIST BELOW)

NAME OF RESPONDENT	**NUMBER OF EMPLOYEES, MEMBERS +15**	**TELEPHONE NUMBER (include area code)**

STREET ADDRESS	**CITY, STATE, ZIP CODE**	**COUNTY**

CAUSE OF DISCRIMINATION BASED ON:	**DATE OF DISCRIMINATION** **EARLIEST (ADEA/EPA) LATEST (ALL)** ☐ **CONTINUING ACTION**

S E E A T T A C H E D

Page 1 of

I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____.

_____

NOTARY SIGNATURE

NOTARY STAMP

X_____

SIGNATURE OF COMPLAINANT DATE

I declare under penalty that the foregoing is true and correct I swear or affirm that I have read the above charge and that is is true to the best of my knowledge, information and belief

STATE OF ILLINOIS
ILLINOIS DEPARTMENT OF HUMAN RIGHTS

CHICAGO OFFICE
DEPARTMENT OF HUMAN RIGHTS
100 W RANDOLPH ST., SUITE 10-100
CHICAGO, ILLINOIS 60601
(312) 814-6200
(866) 740-3953 (TTY)

SPRINGFIELD OFFICE
DEPARTMENT OF HUMAN RIGHTS
222 S. COLLEGE ST., ROOM 101
SPRINGFIELD, ILLINOIS, 62704
(217) 785-5100
(866) 740-3953 (TTY)

CHARGE NO: _____

CHARGE OF DISCRMINIATION

COMPLAINANT

Name
Address
City, State ZIP
Telephone Number

I believe that I have been personally aggrieved by a civil rights violation committed on

(date/s of harm): _____ , by:

RESPONDENT

Name
Address
County
City, State ZIP
Telephone Number

S E E A T T A C H E D

I, _____ on oath or affirmation state that I am Complainant herein, that I have read the foregoing charge and know the contents thereof, and that the same is true and correct to the best of my knowledge.

_____
Complainant's Signature and Date

Subscribed and Sworn to

Before me this _____ day

of _____, _____.

_____ _____
Notary Public Signature **Notary Stamp**