

SAMPLE VERIFICATION

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

(Name) _____ being first duly sworn, deposes and says that he/she is (title) _____ of
(Respondent _____); that he/she has read the foregoing verified response to the charge of
discrimination; that he/she knows the contents thereof; and that said response is true and correct to the best of
his/her knowledge, information and belief.

(Signature) _____
(Name)

SUBSCRIBED and SWORN to before me

this _____ day of _____, 200_____

Notary Public

Notes:

1. A person with knowledge of the facts must sign the verification. Unless Respondent’s attorney has direct knowledge of the facts of the charge, Respondent’s attorney cannot verify it. (Usually, Respondent’s Human Resources Manager has sufficient knowledge to sign.)
2. If Respondent’s attorney signs the response, then Respondent’s attorney must provide his/her name, law firm name, address, and telephone number on the response.
3. The verified response should be served on the Complainant as well as the Department.