

YOUR COMPLAINT, continued

PLEASE DO NOT SEND ORIGINALS, ATTACH COPIES OF DOCUMENTS THAT RELATE TO YOUR COMPLAINT.

ADDITIONAL INFORMATION

Are you represented by an attorney in this matter? If so, please provide the attorney's name, address and telephone number.

Have you filed a complaint about this incident or facility or condition with any other government entity (Federal, State or Local)? If so, what entity?

Have you filed a complaint about this incident or condition with an advocacy organization or other organization that represents the interests of or advocates on behalf of individuals with disabilities? If so, what organization?

PLEASE READ AND SIGN BELOW:

The Disability Rights Bureau will carefully evaluate your allegations to determine whether to initiate an investigation. That decision should not be considered a determination of the merits of your allegations or the result of a comprehensive finding of fact or law.

You may also file complaints with other government agencies including but not limited to the Illinois Department of Human Rights, 100 W. Randolph Street, Suite 10-100, Chicago, IL 60601, and the U.S. Department of Justice, Civil Rights Division, Disability Rights Section, 950 Pennsylvania Avenue, N.W., Washington, D.C. 20530. Please be advised that complaints must be filed with the Illinois Department of Human Rights within 180 days of the date of discrimination.

Signature: _____ **Date:** _____