

# Illinois Department of Human Rights

## 2022 Form IDHR 2-108



State of Illinois



Illinois Department of Human Rights

### Report of Final Non-Appealable Adverse Judgments/Administrative Rulings

#### General Instructions:

- All fields in this form are required. If a field does not apply, please indicate “NA” or “Not Applicable.”
- For Step 2 (Lines 3 through 22) and Step 3 (Lines 26 through 44), all fields should have a numerical value of either zero for none or the number that corresponds with the number count of adverse judgments, administrative rulings and/or basis that were the subject of the judgments and/or rulings.

#### Step 1: Identify your organization

**A** Enter your complete legal business name.

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**B** Enter your mailing address.

Street number and name

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Suite

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City

--

State

--

Zip Code

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**C** Select your organization type.

- Labor Organization
- State of Illinois or any political subdivision, municipal corporation, or other governmental unit or agency?
- Employer with 1 or more employees

**D** How many employees did you employ during the reporting calendar year?

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**E** Enter your Federal Employer Identification Number (FEIN)

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**F** Enter your North American Industry Classification System (NAICS) Code.

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**G** If you hold an Illinois Department of Human Rights Eligibility Number to bid on public contracts, enter it here.

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**Step 2: Figure your Final and Non-Appealable Adverse Judgments**

- 1 How many final and non-appealable adverse judgments were entered against your organization during this reporting calendar year?
- 2 How many of the final and non-appealable adverse judgments included an order of equitable relief?

**How many of the adverse judgments were ON THE BASIS OF**

- 3 Arrest Record
- 4 Age
- 5 Ancestry
- 6 Citizenship Status
- 7 Color
- 8 Disability
- 9 Gender Identity
- 10 Marital Status
- 11 Military Service, Unfavorable Discharge from
- 12 Military Status
- 13 National Origin
- 14 Order of Protection Status
- 15 Pregnancy
- 16 Race
- 17 Religion
- 18 Retaliation
- 19 Sex
- 20 Sexual Harassment
- 21 Sexual Orientation
- 22 Other basis under the IHRA
- 23 **Total Bases for Adverse Judgments.** Add Lines 3 through 22.

**Step 3: Figure your Final and Non-Appealable Administrative Rulings**

- 24 How many final and non-appealable administrative rulings were entered against your organization during this reporting calendar year?
- 25 How many of the final and non-appealable administrative rulings reported included an order of equitable relief?

**How many of the administrative rulings were ON THE BASIS OF**

- 26 Arrest Record
- 27 Age
- 28 Ancestry
- 29 Citizenship Status
- 30 Color
- 31 Disability

32		Gender Identity	
33		Marital Status	
34	Military Service, Unfavorable Discharge from		
35		Military Status	
36		National Origin	
37		Order of Protection Status	
38		Pregnancy	
39		Race	
40		Religion	
41		Sex	
42		Sexual Harassment	
43		Sexual Orientation	
44		Other basis under the IHRA	
45	<b>Total Bases for Administrative Rulings.</b>	Add Lines 26 through 44.	

**Step 4: Sign below. I state that I have examined this report, and to the best of my knowledge, it is true, correct and complete and in accordance with 775 ILCS 5/2-108.**

Signature of authorized officer		Title	Date (mm/dd/yyyy)
Printed name of authorized officer	Email	Phone	Fax

**Step 5: File Report with the Illinois Department of Human Rights on or before July 1, 2023 by:**

**Email to:** [IDHR.Section2-108@Illinois.gov](mailto:IDHR.Section2-108@Illinois.gov)

**Mail to:** Illinois Department of Human Rights  
 Attn: Legal Division/2-108 Reports  
 555 W Monroe, Suite 700  
 Chicago, Illinois 60661

**Questions** regarding this form may be directed to [IDHR.Section2-108@Illinois.gov](mailto:IDHR.Section2-108@Illinois.gov) or (312) 814-6262.