ILLINOIS DEPARTMENT OF
HUMAN RIGHTS

JB Pritzker, Governor
James L. Bennett, Director

Dear Attorney:

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

Charge Requirements:

A charge filed with IDHR 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, dated and verified by certification under Section 1-109 of the Illinois Code of Civil Procedure by Complainant. Complainant's attorney cannot sign the charge on behalf of Complainant.
- If notarized, 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.
- Please provide IDHR with an appearance form with each original charge filed.

For allegations against multiple Respondents:

IDHR requires separate charges for each Respondent your client alleges has discriminated against him or her. IDHR 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 IDHR 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 statutory time frame if not a continuing violation.**

Use the State/Federal EEOC #5 form for all state and federal jurisdiction charges. Use the EEOC #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.). The second page of the charge form should contain the issue and basis for either the EEOC #5 form or IDHR #6 form.

Do not file the same charge with EEOC. If appropriate, IDHR will cross file the charge with EEOC.

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

B. Format and Content

Please follow the format exactly as follows below. Failure to do so may cause a delay in processing the charge.

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.

Cover Sheets: Please use form EE05 as a cover sheet for all charges that should be cross-filed with EEOC. For all charges that will not be cross-filed with EEOC, please use IDHR form #6. For example, a sexual harassment charge against an individual can only be investigated by IDHR. Therefore, IDHR form #6 is required.

Note: The prima facie allegations for disability, retaliation, and sexual harassment are different than above. Also, note that not every fact in regards to the dealings between the parties should be listed in the charge (those will be dealt with during the charge investigation). Every charge should only have the 4 or 5 prima facie allegations as illustrated in samples provided.

Drafting the charge as described above will assist IDHR in investigating the charge more expeditiously and thoroughly. All charges to be filed MUST be sent directly to: **INTAKE UNIT,** Department of Human Rights, 555 West Monroe Street, 7th Floor, Chicago, IL 60661 or emailed to IDHR.Intake@illinois.gov (Please only send via one of the methods above as to not create duplicate charges).

For additional information regarding filing a discrimination charge under the Illinois Human Rights Act, please refer to the IDHR website: www.illinois.gov/dhr. If you have additional questions, feel free to contact the Intake Unit at IDHR.Intake@illinois.gov.

EXAMPLES

I. A. ISSUES/BASIS

Discharge - July 20, 2020, because of my race, black.

B. PRIMA FACIE ALLEGATIONS

1. My race is black.

2. I was discharged on July 20, 2020. The reason given by Shirley Pine (non-Black), Supervisor, for the discharge was poor performance.

3. I performed my job duties in a satisfactory manner. I began my employment with Respondent on May 1, 2019.

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

II. A. ISSUE/BASIS

Discharge - July 20, 2020, 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 2019, 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 2019 until July 14, 2020.

B. PRIMA FACIE ALLEGATIONS

1. From June 2019 until July 14, 2020, 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 2019 and January 2020, 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 - July 17, 2020, in Retaliation for filing an internal complaint of discrimination with Respondent.

B. PRIMA FACIE ALLEGATIONS

1. In November 2019, I reported sexual harassment by Hart to Human Resources. In January 2018, I reported the sexual harassment to Cindy Benson, Director of Human Resources.

2. On July 17, 2020, 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.

ILLINOIS DEPARTMENT OF
HUMAN RIGHTS
APPEARANCE FORM

IN THE MATTER OF)
)
)
COMPLAINANT _____) CHARGE NUMBER: _____
)
AND) FEDERAL NUMBER (if applicable):
)
RESPONDENT _____) _____
)

APPEARANCE

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

appearance of _____
(Name of Complainant or Respondent)

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

NAME: _____

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: * _____

My signature below verifies the accuracy of the information provided herein.

SIGNATURE: _____ DATE: _____

*By providing the above email address, I consent to service of all pleadings, orders, and other documents by the Department via electronic mail and understand that electronic service to this email address is deemed complete upon transmission.

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 COMPLAINANT (indicate Mr. Ms. Mrs.)	**TELEPHONE NUMBER** (include area code)

STREET ADDRESS	**CITY, STATE AND ZIP CODE**	**DATE OF BIRTH**
		MM / DD / YYYY

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 AND ZIP CODE**	**COUNTY**

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

THE PARTICULARS OF THE CHARGE ARE AS FOLLOWS:

S E E A T T A C H E D

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.

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true. [735 ILCS 5/1-109]

X_____

SIGNATURE OF COMPLAINANT **DATE**

SAMPLE

I. A. ISSUE/BASIS

(Issue/Harm) – ON OR ABOUT (Date), DUE TO MY (Basis)

B. PRIMA FACIE ALLEGATIONS

1.

2.

3.

4.

II. A. ISSUE/BASIS

(Issue/Harm) – ON OR ABOUT (Date), DUE TO MY (Basis)

B. PRIMA FACIE ALLEGATIONS

1.

2.

3.

4.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN RIGHTS

CHICAGO OFFICE

DEPARTMENT OF HUMAN RIGHTS
555 W. MONROE ST., 7TH FLOOR
CHICAGO, ILLINOIS 60661
(312) 814-6200
(866) 740-3953 (TTY)

SPRINGFIELD OFFICE

DEPARTMENT OF HUMAN RIGHTS
524 S 2ND STREET, STE. 300
SPRINGFIELD, ILLINOIS 62701
(217) 785-5100
(866) 740-3953

CHARGE NO: _____

CONTROL NO: _____

CHARGE OF DISCRIMINATION

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
City, State ZIP
Telephone Number

County

S E E A T T A C H E D

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matter the undersigned certifies as aforesaid that the undersigned verily believes the same to be true. [735 ILCS 5/1-109]

_____
Complainant's Signature and Date

RETURN THIS COPY