ILLINOIS DEPARTMENT OF
HUMAN RIGHTS

Illinois Department of Human Rights
# Form IDHR 2-108

## 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.
- Learn more about when to file or read Frequently Asked Questions on the IDHR website.

### Identify the Calendar Year For This Filing: 2025

### Step 1: Identify your organization

| | | |
|---|---|---|
| **A** | Enter your complete legal business name. | |
| **B** | Enter your mailing address. | |
| | Street number and name | |
| | Suite | |
| | City | |
| | State | |
| | Zip Code | |
| **C** | Select your organization type. | ☐ Labor Organization<br>☐ State of Illinois or any political subdivision, municipal corporation, or other governmental unit or agency?<br>☐ Employer with 1 or more employees |
| **D** | How many employees did you employ during the reporting calendar year? | |
| **E** | Enter your Federal Employer Identification Number (FEIN) | |
| **F** | Enter your North American Industry Classification System (NAICS) Code. | |
| **G** | If you hold an Illinois Department of Human Rights Eligibility Number to bid on public contracts, enter it here. | |

## 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 | |

| | **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 | **Total Bases for Administrative Rulings.** 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 |

## Step 5: Submit a Report to the Illinois Department of Human Rights on or before July 1st of the year following the year you are reporting on:

**Email to:** 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

Read **Frequently Asked Questions** about this annual reporting requirement at **dhr.illinois.gov/compliance/employers**

Questions regarding this form may also be directed to IDHR.Section2-108@Illinois.gov or (312) 814-6262.