



# KWAME RAOUL

Illinois Attorney General  
Disability Rights Bureau  
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[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov)

Fill out the form online and click submit at the end of the form to send by email or print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION:	PERSON OR ENTITY YOU ARE COMPLAINING ABOUT:
<p>Name: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> (check one)</p> <p>Address:</p> <p>City: State: Zip Code: County:</p> <p>Your Telephone Number:</p> <p>Daytime: _____ Ext: _____</p> <p>Evening: _____ Ext: _____</p> <p>Cell: _____</p> <p>Your e-mail address: _____</p> <p>Preferred phone number(s) for communications with our office regarding your complaint:</p> <p><input type="checkbox"/> Daytime Phone    <input type="checkbox"/> Evening Phone    <input type="checkbox"/> Cell Phone</p>	<p>Name:</p> <p>Type of Facility (Examples include: restaurant, hotel, doctor's office):</p> <p>Contact Person (Examples include: supervisor, manager):</p> <p>Address:</p> <p>City: State: Zip Code: County:</p> <p>Telephone: _____ Ext.: _____</p> <p>Website: _____</p> <p>Are you currently employed by the entity you are complaining about? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**YOUR COMPLAINT** **DO NOT SEND ORIGINALS**

Please describe, in as much detail as possible, the incident or condition that is the subject of this complaint. You may use additional sheets if necessary.

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*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 Illinois Attorney General cannot obtain personal relief or financial compensation on your behalf. You may also file a complaint with other government agencies, including: the Illinois Department of Human Rights (IDHR); the U.S. Department of Justice, Civil Rights Division, Disability Rights Section; the Equal Employment Opportunity Commission (EEOC); the U.S. Department of Housing and Urban Development (HUD); or the U.S. Department of Education's Office for Civil Rights. Complaints with IDHR must be filed within 300 days of the discrimination, or within one year for housing-related complaints.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public to enforce laws designed to increase accessibility and protect the public from patterns and practices of discrimination or discriminatory policies. I acknowledge that the Attorney General's Office will use its discretion to determine whether an investigation is warranted, and that decision should not be considered a determination of the merits of my allegations or the result of a comprehensive finding of fact or law. I understand that, if I have any questions concerning my legal rights or responsibilities, I may contact a private attorney. I also understand that, under most circumstances, my complaint, and any documents submitted with my complaint, may be considered a public record and may be available to a member of the public upon request, subject to the exemptions provided under the Freedom of Information Act, 5 ILCS 140/7 and 5 ILCS 140/7.5.

I certify that I have read this complaint, and that the information that I have provided is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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