



**FORM FOR DISCRIMINATION COMPLAINTS BY IDES CLIENTS
 AND THE GENERAL PUBLIC AGAINST IDES AND/OR IDES EMPLOYEES**

You should use this form if you are a client of the Illinois Department of Employment Security (IDES) or a member of the general public who wants to file a discrimination complaint against IDES and/or IDES employees with the IDES Office of Equal Employment Opportunity/Affirmative Action. (This form is **not** for use by IDES employees. They should use IDES Internal Complaint Form EEO-2.) If you prefer, you may file your complaint directly with the U.S. Department of Labor/Civil Rights Center by completing and forwarding federal complaint form DL-12014a to: U.S. Department of Labor, Civil Rights Center, 200 Constitution Avenue N.W., Room N-4123, Washington D.C., 20210. Form DL-12014a may be obtained at any IDES local office.

1. Information About You

Your Name and Address:

 Name

 Address

 City

 State

 ZIP

Your Telephone Number(s):

Home: (_____) _____
 Area Code Number

Alternate: (_____) _____
 Area Code Number

What is the most convenient time for us to contact you?

2. Information About Your Complaint

Please identify the IDES office (or other location) where the incident(s) you are complaining about occurred:

Please identify as best you can the IDES employee(s) and/or other person(s) involved in the incident(s) you are complaining about:

Please identify the time(s) and date(s) when the incident(s) you are complaining about occurred:

3. Please briefly and clearly describe what happened and explain why you believe discrimination occurred. Be sure to include such information as: who was involved and what they did and/or said, including any offensive or derogatory language used; what was done and how the treatment differed, if you feel that you, or another, were treated differently than others, etc. Please attach any written material you have pertaining to your complaint.

State of Illinois
 Department of Employment Security
 Office of Equal Employment Opportunity/Affirmative Action
External Discrimination Complaint Form



4. Please provide us with any other information you think is important to your complaint.

5. What do you want IDES to do to resolve your complaint or remedy the discrimination you believe occurred?

6. Please list any persons (witnesses or others) we may contact for additional information about your complaint.

Name	Address	Telephone

7. **Basis of Complaint:** Which of the following types of discrimination best describes the discrimination you believe occurred?

- | | | |
|--|---|---|
| <input type="checkbox"/> Race: (Specify): _____ | <input type="checkbox"/> Sex: Male Female | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color: (Specify): _____ | <input type="checkbox"/> Age: (Specify): _____ | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Religion (Specify): _____ | <input type="checkbox"/> National Origin (Specify): _____ | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Marital Status: _____ | <input type="checkbox"/> Language Access (Specify): _____ | <input type="checkbox"/> Other (Specify): _____ |

 Complainant's Signature Date

Please complete this form and return it with copies of supporting documentation to the IDES Office of Equal Employment Opportunity/Affirmative Action, 33 S. State St., 10th Floor - Mezzanine, Chicago, IL 60603-2802. Fax (312.793.0302). If you have questions, our telephone numbers are: 312.793.9290, TTY 888-340-1007.

FOR EEO/AA OFFICE USE ONLY:

EEO Case Number Assigned: _____ Service Complaint referred to: _____

 Received by: Date