



# CITY OF DECATUR, ILLINOIS

#1 GARY K, ANDERSON PLAZA, DECATUR IL 62523-1196



## YOU MAY FILE A CHARGE FOR EMPLOYMENT DISCRIMINATION

You have contacted the Decatur Human Relations Commission' to seek help concerning discrimination in employment. This form is to be used if you are, or were, an employee and you believe your employer has discriminated against you. If your situation does not involve someone you worked for and were, or are paid by, then you either have the wrong form or the Commission does not have jurisdiction to help you with your problem.

In order for the Commission to investigate your claims you must first provide the Commission with very basic information that will either result in your claims being further investigated or, if your claims do not provide you with sufficient information to answer the below information, the Commission will not be able to help you with your problem.

In filling out this packet of information, you **MUST** be able to provide the Commission with the following information:

1. What is your "protected class"? (On what basis do you think you were discriminated against – your race, color, national origin, sex, age (over 40), disability, religion, sexual orientation, marital status, or unfavorable discharge from the military? Perhaps you complained to your employer about being discriminated against and he or she has retaliated against you. If you were a witness for someone else who complained to your employer about discrimination, you may also have been retaliated against.)
2. How was your employer aware of your protected class? (Race, color, and sex may or may not be obvious to your employer, but other protected classes are even less obvious, such as age, disability, religion, marital status, sexual orientation, military discharge information).
3. You must have been performing your job duties to your employer's legitimate business expectations. (Have you been disciplined by your employer? If so, for what and how long ago? What type of discipline have you received? Do you have documentation of that discipline?)
4. You must have suffered some substantial job action from your employer. (Was your employment terminated? Did you lose pay because of a suspension or shift transfer or a bad performance evaluation? Were you more qualified than other employees for a promotion to a higher paying job and yet you were not promoted?)
5. You must show some evidence of "disparate treatment." (Was someone not of your same race, color, national origin, sex, age group, disability, religion, sexual orientation, marital status, or unfavorable discharge from the military treated better than you were in the exact same circumstances and working for the same supervisor as you were?)
6. You must have full names and telephone numbers, addresses, etc., of people who are direct witnesses to your treatment and of the "disparate treatment" of others in your same circumstances. You **MUST** attach the statements of those witnesses, signed and notarized, to this packet when you submit it to the Commission.

We will ask you many questions about what happened to you and about how others were treated, and we will ask you about dates, the size of the organization with which you had trouble, and other matters. What you tell us is IMPORTANT.

First, we will have to establish whether we believe that the law permits us to work on your problem; that is, we must try to find out whether we have JURISDICTION under the law. Second, we must learn from your facts which will be useful in our investigation. If it happens that what you tell us leads us to believe that we cannot help you, because we do not have JURISDICTION, we will explain that to you and tell you why. If it happens that what you tell us leads us to believe that there is only a very slight chance that we will be able to help you or that it is unlikely that the organization which you wish to charge has violated the law, we will explain that to you and tell you why.

However, if it should happen that we counsel you that we do not believe that we have jurisdiction or that it appears unlikely that we can help you or that the organization has violated the law, based on what you tell us, YOU MAY NONETHELESS FILE A CHARGE WITH US. That is YOUR decision to make. It is possible that your filing a charge will result in it being dismissed, because we do not have jurisdiction, or because it is determined that the law has not been violated. Even if we counsel you that we do not have jurisdiction, or that it appears that we will not be able to help you, or that it appears that the law has not been violated, YOU MAY FILE A CHARGE.

I have read "YOU MAY FILE A CHARGE."

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Printed Name

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Date (month/day/year)

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Signature

### NOTES

- If additional paper is used, please indicate the number of the question you are answering.
- The law requires that a charge be filed within 180 days from the date of the alleged discrimination. If you are returning this form by mail, make sure that this form is postmarked no later than the 180<sup>th</sup> day from the date this action was taken against you.
- Our powers are listed in Item 13. We cannot investigate other actions.
- If your case is accepted by the Commission as a charge, it will be typed on the Charge of Discrimination form and returned to you for your signature and notarization.
- **DO NOT SIGN THE LAST PAGE OF THIS PACKET UNLESS IT IS WITNESSED AND SIGNED BY A NOTARY PUBLIC.**

**Before completing this form, please read pages 1 and 2.**

PLEASE PRINT

1. Your information:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # (with area code): \_\_\_\_\_

2. Contact person. Please list someone who can get in touch with you if we can't reach you.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # with area code: \_\_\_\_\_

3. Who discriminated against you? Please give the name of the company or organization (e.g., employer, labor union, employment agency, etc.).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #(s) with area code: \_\_\_\_\_

4. Type of company or organization that discriminated against you:

- |   |   |
|---|---|
| <input type="checkbox"/> Private company    | <input type="checkbox"/> Federal government agency          |
| <input type="checkbox"/> Labor organization | <input type="checkbox"/> State government agency            |
| <input type="checkbox"/> Employment agency  | <input type="checkbox"/> County government agency           |
| <input type="checkbox"/> Other: _____       | <input type="checkbox"/> City or township government agency |

5. Does the company or organization have one or more employees who work in the City of Decatur?

- Yes  No

6. Are you now employed by the company or organization named in Item 3?  
 Yes  No

7. If you have ever been employed by the company or organization named in Item 3, provide the following information:

Date hired: \_\_\_\_\_

Initial Job Title: \_\_\_\_\_

Current or last Job Title: \_\_\_\_\_

Current or last pay level: \$ \_\_\_\_\_ per \_\_\_\_\_

Department: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

8. What action was taken against you?

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Terminated             | <input type="checkbox"/> Not hired    | <input type="checkbox"/> Demoted     |
| <input type="checkbox"/> Laid off               | <input type="checkbox"/> Not promoted | <input type="checkbox"/> Unequal pay |
| <input type="checkbox"/> Not recalled           | <input type="checkbox"/> Transferred  | <input type="checkbox"/> Disciplined |
| <input type="checkbox"/> Other (specify): _____ |                                       |                                      |

10. What date was this action taken? (month/date/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

11. Please describe what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. What reason was given by the company or organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. The Human Relations Commission can investigate only those situations described below. By law, any other category cannot be investigated. Please check the applicable category (or categories). Fill in the blank with your race, sex, religion ... only if that category is the basis for the discrimination against you.

I believe that I have been discriminated against because of:

- My race or color: \_\_\_\_\_
- My sex: \_\_\_\_\_
- My religion: \_\_\_\_\_
- My national origin: \_\_\_\_\_
- My sexual orientation: \_\_\_\_\_
- My age: \_\_\_\_\_
- My marital status: \_\_\_\_\_
- Citizenship status: \_\_\_\_\_
- Sexual harassment
- A disability not related to my ability to perform the job: \_\_\_\_\_
- A less than favorable military discharge
- An arrest, or a conviction that was erased, expunged, sealed, or impounded
- (Retaliation) Having filed a charge or complained about unlawful discrimination, or assisted in the investigation of a charge. Please describe the situation and why you feel you were retaliated against: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Other (please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Please explain your reasons for feeling discriminated against. Tell us how others in your situation were treated. Give examples of "disparate treatment" as explained on page 1, number 5:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Do you have witnesses to support your claim of discrimination?

Yes

No

If yes, please list their names and contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # with area code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # with area code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # with area code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # with area code: \_\_\_\_\_

16. Do you have any documents to support your claim of discrimination?

Yes

No

If yes, list the documents below:

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17. Have you tried to resolve the situation through an internal grievance procedure?

Yes

No

If yes, briefly describe what you did and the results:

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18. Were you a member of a union at the time of the discrimination?

Yes

No

If yes, please give the name of your union representative or steward:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # with area code: \_\_\_\_\_

19. Have you previously filed a charge with the Commission against this company or organization?

Yes

No

20. Have you filed a charge regarding this situation with the Illinois Department of Human Rights or the United States Equal Employment Opportunity Commission?  
 Yes  No

If Yes, when did you filed this charge? (month/date/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Case number (if known: \_\_\_\_\_

21. How did you learn of us, or who referred you to our office? This information will enable us to better serve the public.

\_\_\_\_\_  
\_\_\_\_\_

22. Personal data (for statistical use ONLY).

(Not required) We would like to have some information for statistical purposes. Please provide the following information):

Your race and/or color: \_\_\_\_\_

The national origin(s) or ancestry(ies) with which you most strongly identify:\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*for example, American, Somali, Irish, Puerto Rican, etc.



# SIGNATURE OF COMPLAINANT

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (month/day/year)

## NOTARY

Subscribed and sworn to before me this date:

NOTARY PUBLIC SEAL