



**OFFICE OF ILLINOIS ATTORNEY GENERAL LISA MADIGAN  
DISABILITY RIGHTS BUREAU  
DISCRIMINATION COMPLAINT FORM**

**DATE:** \_\_\_\_\_

**INFORMATION ABOUT YOU**

*(You may file anonymously but we may not open an investigation if you do.)*

Name:		Day Telephone:	
Street Address:		Evening Telephone:	
City:	County:	State:	Zip Code:
Email Address:			

**THE ENTITY YOU ARE FILING A COMPLAINT ABOUT**

Name:		Telephone:	
Type of Facility (Examples include: restaurant, hotel, theater, apartment building, doctor's office, school, park, library, city hall):		Email Address:	
Street Address:			
City:	County:	State:	Zip Code:

**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?

**YOUR COMPLAINT**

Please describe, in as much detail as possible, the incident or condition that is the subject of this complaint. Attach extra sheets if necessary.

***CONTINUE ON NEXT PAGE***

***YOUR COMPLAINT, continued***

**PLEASE READ AND SIGN BELOW:**

The Disability Rights Bureau will carefully evaluate your allegations to determine whether to initiate an investigation. That decision should not be considered a determination of the merits of your allegations or the result of a comprehensive finding of fact or law.

You may also file complaints with other government agencies including but not limited to the Illinois Department of Human Rights, 100 W. Randolph Street, Suite 10-100, Chicago, IL 60601, and the U.S. Department of Justice, Civil Rights Division, Disability Rights Section, 950 Pennsylvania Avenue, N.W., Washington, D.C. 20530. Please be advised that complaints must be filed with the Illinois Department of Human Rights within 180 days of the date of discrimination.

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

To file the complaint by mail send it to:

Office of Illinois Attorney General Lisa Madigan  
Disability Rights Bureau  
100 W. Randolph Street, 11<sup>th</sup> Floor  
Chicago, Illinois 60601

To file by phone, fax, TTY or email:

Telephone: (312) 814-5684  
Fax: 312-814-3212  
TTY: (800) 964-3013  
EMail: [disabilityrights@atg.state.il.us](mailto:disabilityrights@atg.state.il.us)