

**JACKSONVILLE COMMISSION ON
DISABILITIES and HUMAN RELATIONS**

COMPLAINT FORM
(Please Print)

Date: _____

Complainant's name: _____

Complainant's address: _____

Date of incident: _____

Name and address of person(s) against whom you are complaining: _____

Description of incident: _____

(Please use the reverse side of this form or additional sheets if necessary.)

NOTE Any and all complaints MUST be filed with the Mayor's Office within ninety (90) days of the alleged incident. (See Chapter 2, Article X, Section 2-185 of the City of Jacksonville Municipal Code). The filing of this form with the Jacksonville Commission on Disabilities and Human Relations does not constitute the filing of a complaint with the Illinois Human Rights Commission.

I understand that this complaint will be investigated by the Jacksonville Commission on Disabilities and Human Relations. I also understand that if I wish to pursue my complaint to relevant local, state, or federal agencies, I must file a complaint with that agency myself and in accordance with the guidelines, requirements and laws that cover such actions, regardless of the recommendations of the Jacksonville Commission on Disabilities and Human Relations.

(Signature of Complainant)

I, _____, state that I have read this complaint and the circumstances described in it are true to the best of knowledge.

(Signature of Complainant)

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public