



# CITY OF DECATUR, ILLINOIS

#1 GARY K. ANDERSON PLAZA, DECATUR, ILLINOIS 62523-1196

COMMISSION  
"United For a Better Community"

## **YOU MAY FILE A CHARGE FOR UNFAIR PUBLIC ACCOMMODATION PRACTICES**

You have contacted the Decatur Human Relations Commission to seek help concerning discrimination for unequal public accommodation practices. We will ask you many questions about what happened to you and about how others were treated, and we will ask you about dates, 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."

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## NOTE

- The Commission has the authority to investigate charges of discrimination filed against place of public accommodation, such as restaurants, recreational facilities, transportation facilities or businesses which are open to the public.
- The Commission can only investigate charges alleging discrimination on the bases of **race, color, sex, religion, national origin, physical or mental disability, military status, age (40 and over), sexual orientation or retaliation for having filed a complaint, assisted or participated in an investigation under the *City Code*.**
- A charge of public accommodation discrimination must be filed within **180 days** of the date of the alleged discrimination.

### THE COMMISSION CANNOT:

- investigate unfair public accommodations actions such as: political affiliations, personality conflicts, etc., unless such actions are alleged to be discriminatory for one of more of the reasons listed above.
- investigate unfair actions within prison facilities because they are not public accommodations.
- investigate charges against educational institutions regarding discrimination in educational programs other than sexual harassment. Charges other than sexual harassment should be filed with the U.S. Department of Education, Office of Civil Rights.
- investigate charges against the Federal Government or Federal Officials.

### ADDITIONAL INFORMATION TO NOTE:

- If additional paper is used, please indicate the number of the question you are answering.
- If your claim 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 Page 2.**

PLEASE PRINT

Today's Date: \_\_\_\_\_

1A. Your information:

(Mr./Ms./Mrs.) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_

1B. The name of a person who is able to contact you in the event this office is unable to locate you to discuss this complaint, other than the person(s) with whom you live.

Contact information:

(Mr./Ms./Mrs.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_

2. Who discriminated against you (Respondent)? Give the full legal name of the public accommodation or organization that you believe discriminated against you in public accommodations.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_

3. Type of institution, company, agency, etc., that discriminated against you:

A. \_\_\_\_\_ Airline/Bus/Train

D. Government Agency (specify)

B. \_\_\_\_\_ Cocktail Lounge

\_\_\_\_\_ Federal \_\_\_\_\_ State

C. \_\_\_\_\_ Grocery Store

\_\_\_\_\_ County \_\_\_\_\_ City

E. \_\_\_\_ Health Club

F. \_\_\_\_ Hospital/Clinic

G. \_\_\_\_ Hotel/Motel

H. \_\_\_\_ Park or other public place of recreation

I. \_\_\_\_ Theater

J. \_\_\_\_ Other (specify) \_\_\_\_\_

4. In the spaces below, please indicate each issue (harm) and basis (type of discrimination) which you would like the Commission to investigate. Note: the bases (types of discrimination) which the Commission can investigate are listed on page two of this form. Some common issues (harms) are:

Denied or refused full equal enjoyment/  
of a facility.

Inaccessible route from the entrance to services  
the area where goods or services are provided.

Lack of disabled parking.

Inaccessible entrance/restrooms.

Denied service based on the use of a  
guide, hearing or support dog.

Please take your time and complete all the information requested for each issue and basis alleged, so we can serve you better. Fill in a separate section for each issue and basis.

**ISSUE AND BASIS**

4a. Issue (harm): \_\_\_\_\_ Date: \_\_\_\_\_

Basis (type of discrimination) \_\_\_\_\_

Reason given for harm by Respondent: \_\_\_\_\_

Explain why you fell you were discriminated against because of the basis identified above. How were others in your situation treated?

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

**ISSUE AND BASIS**

4b. Issue (harm): \_\_\_\_\_ Date: \_\_\_\_\_

Basis (type of discrimination) \_\_\_\_\_

Reason given for harm by Respondent: \_\_\_\_\_

Explain why you fell you were discriminated against because of the basis identified above. How were others in your situation treated?

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**Note: if more space is needed for additional issues or bases, use additional paper.**

5. If you wrote physical or mental disability as a basis for discrimination, state your medically diagnosed disability (or disabilities).

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Explain how the Respondent became aware of each disability:

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State whether you requested any form of accommodation:

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What was the Respondent's response:

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If you do not have a disability, but you believe the Respondent acted because it perceives you as disabled, explain:

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6. If you wrote retaliation as a basis of discrimination, state how you opposed unlawful discrimination (i.e., testified at a discrimination hearing, filed a prior discrimination claim, or complained about unlawful discrimination). Include dates, charge numbers, and/or the name and title of the person to whom you complained.
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7. If there are witnesses that the Commission should contact, who can support your claim of discrimination, state their names, addresses and phone numbers and the pertinent information each witness can provide.

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

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

Phone No. ( ) \_\_\_\_\_

Information: \_\_\_\_\_

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

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

Phone No. ( ) \_\_\_\_\_

Information: \_\_\_\_\_

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

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

Phone No. ( ) \_\_\_\_\_

Information: \_\_\_\_\_

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

Yes

No

9. Have you tried to resolve your situation through an internal grievance procedure?

Yes

No

If your answer is yes, briefly describe your actions and the results thus far:

\_\_\_\_\_

10. Have you filed a previous charge against this place with the Commission?

Yes

No

15. Have you filed a charge regarding this situation with the Illinois Department of Human Rights or the Equal Employment Opportunity Commission?

Yes (when \_\_\_\_\_)

No

16. PERSONAL DATA

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Education: \_\_\_\_\_ Grade School \_\_\_\_\_ High School  
\_\_\_\_\_ College \_\_\_\_\_ Graduate Work  
\_\_\_\_\_ Trade School \_\_\_\_\_ Degrees or Certificate Earned  
\_\_\_\_\_

Please indicate from the list below national origin(s) or ancestry with which you most strongly identify: (please circle)

- |                          |                            |             |
|--------------------------|----------------------------|-------------|
| P = Puerto Rican         | S = Philippines            | C = Greece  |
| M = Mexican              | U = U.S.A.                 | Y = Italy   |
| H = Other Hispanic       | N = India                  | B = Korea   |
| O = Poland               | K = Pakistan               | V = Vietnam |
| E = Other Eastern Europe | R = Liberia                | J = Japan   |
| I = Ireland              | T = Haiti                  | Z = Other   |
| W = Other East Asia      | F = Other African/Non-Arab |             |

17. Please specify how you learned of or who referred you to our office. This information will be used to enable us to better serve the public.

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## SIGNATURE OF COMPLAINANT

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Month Day Year

**NOTARY** (when necessary for state and local requirements)

**Subscribed and sworn to before me this date:**

\_\_\_\_\_  
**NOTARY PUBLIC SEAL**