*(Complete this form if you allege discrimination relating to a public accommodation in the City of Naperville.)*

**Please read this entire form and all the instructions carefully before completing.**

All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual is filing the same complaint, and all information is the same, each additional individual should complete boxes 1 and 7 of a separate complaint form and attach it to the original.

Complaints may be presented in person, mailed, or submitted electronically to the City of Naperville Community Services Dept., 400 S. Eagle Street, Naperville, IL 60540. If you have questions, please call (630)420-6190 or email [WilliamsG@naperville.il.us](mailto:WilliamsG@naperville.il.us).

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| **1. Name of Aggrieved Person** (last name, first name, middle initial) | | | | | Phone Number | | |
| Street Address (street, city, county, state & zip code) | | | | | Email Address | | |
| Preferred Contact Method (Mail, E-Mail, Phone) | | | | | Date of Alleged Discriminatory Incident | | |
| **2. Name of Business or Service Provider against whom you allege Discrimination?** (last name, first name, middle initial) | | | | | Phone Number | | |
| Street Address (street, city, county, state & zip code) | | | | | Email Address (if known) | | |
| Identify the persons(s) who discriminated against you: | | | | | | | |
| Name(s): | | | Position/Title: | | | | |
| Check the applicable box(es) which describe(s) the party named above: (Check all that apply)  Owner  Salesperson/Employee Supr. or Manager Other: | | | | | | | |
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| **(use the space in #4 below to describe what the person named in #2 above did.)** | | | | | | | |
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| **3. For what reason do you believe you were discriminated against?** (Check all that apply) | | | | | | | |
| Race/Color  Black  White  Other  Marital Status  Single  Married  Divorced  Widowed | Religion (specify):  Military Status  Active Duty  Veteran  Other | Sex  Female  Male  Gender Identity  Age (specify):  (40 or over) | Sexual Orientation (specify):  Disability  Physical  Mental | | Familial Status  Children < 18 in the family  Pregnant  Other | | National Origin (specify):  Ancestry (specify): |
| **4. Summarize what happened.** Use this space for a concise statement of the facts. Additional details and any supporting documents may be submitted as attachments. | | | | If more than one date is involved, list below the most recent date of alleged discrimination.)  \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **5. If you prevail, what result are you seeking from your Complaint (for example, order respondent to undergo sensitivity training, etc.)** | | | | | | | |
| **6. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.** | | | | | | | |
| Signature | | | | | | Date | |

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| ***For Office Use Only*** | |
| Date Received: | Distributed: |
| \_\_\_\_\_\_\_\_\_\_  City Clerk’s Office  \_\_\_\_\_\_\_\_\_\_  Legal Department  \_\_\_\_\_\_\_\_\_\_  Human Rights and Fair Housing Commission |