

COMPLAINT FORM

UNLAWFUL POLITICAL DISCRIMINATION

If you are a victim of **Unlawful Political Discrimination** in connection with any aspect of government employment with the Cook County Assessor's Office **after September 19, 2012**, you may seek relief in accordance with the claim and settlement conference procedure established by the Agreed Order in *Shakman v. Cook County*, 69 C 2145 (N.D. Ill.) or by pursuing a claim under applicable law. To initiate a claim under the Agreed Order, please file this form with the Office of the Independent Inspector General for Cook County.

Unlawful Political Discrimination is: conditioning, basing or knowingly prejudicing or affecting any term or aspect of government employment (other than for exempt positions as described by Court order) or offering employment based upon or because of any political reason or factor, including, without limitation, any individual's political affiliation, political support or activity, political financial contributions, or political sponsorship or recommendation.

Please submit this form to:

Office of the Independent Inspector General

69 West Washington Street, Suite 1160

Chicago, IL 60602

Fax: (312) 603-9948

Email: independent.inspectorgeneral@cookcountyil.gov

Name: _____

Date: _____

Address: _____

Home Telephone: (_____) _____

Cell phone: (_____) _____

Work Telephone: (_____) _____

Social Security Number: _____

Are you currently a Cook County Assessor's Office employee? Yes No

If "Yes," which **department**? _____

If "Yes," what is your **job title**? _____

If "No" please describe any **prior employment** with the Cook County Assessor's Office after September 19, 2012 and/or any **attempts to become employed** by the Cook County Assessor's Office after September 19, 2012: _____

Date(s) of Violation(s): _____

Please provide the name, title, and position of each individual involved and generally describe their involvement: _____

Please provide a narrative description of the violation(s) involved: *{Include as much detail as possible and attach additional pages if necessary}*: _____

Please submit copies of any documentation supporting your claim to the Director of Compliance, and please list and describe the documentation here:

I, _____ (**Please Print**), hereby declare, under penalty of perjury pursuant to the Agreed Order for the Cook County Assessor’s Office, and the laws of the United States, that the foregoing is true and correct.

Complainant